9663

CERTIFICATE OF DEATH

Reg. Dist. No.

a. COUNTY			MARYL		Q. STATE	NCE (Where	1000	ived. If instituti b. COUNTY			issian)
RURAL and gi	NN (If outside Corporate ive nearest town)	limits, write	c. LENGTH OF STAY IN			WN (If outsi		te limits, write R	URAL and g	give nearest to	wn)
d. NAME OF HO OR INSTITUTI	OSPITAL (If not in hospit ION 212 Mary				d. STREET ADD		d Ave	nue		ON	A FARM?
B. NAME OF DECEASED (Type or print)	ESTHER	First	Middle ROSE	BAKE	Lost IR	4.	DATE OF DEATH	corporate limits, write RURAL and give nearest town) and Avenue ATE Manth September 12 9. AGE (In years lef UNDER 1 YEAR IF UNDER 24 HR loat birthdoy) 81 birthdoy) 81 birthdoy) 12. CITIZEN OF WHAT COUNT 11nty, Pennsyl vania USA Ser Address Address Washington, D.C. INTERVAL BETWEEN ONSET AND DEATH ONSET AND	Year 19 58		
5. SEX Femal∈	107	WIDOWE	NEVER MARRIED DIVORCED		t. 14,1	.876	9.	lost birthdoy)			1
10a. USUAL OCCUI during most of Housey	warking life, even if ref	tired)	kind of Business or a Home	INDUSTRY	1	~		_			
13. FATHER'S NAME	Ε *			1	4. MOTHER'S MA	AIDEN NAM	E				
Charle	s Raupach				Julia	Shuma	lker				
S. WAS DECEASED	DEVER IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT			Add	ress		
(Yes, no. or unknown)	(If yes, give wor or date		Vone	Mrs.	Herber	t J.	Myer	s Was	shingt	ton, D.	C.
Cause (o), stallying cause I PART II.	OTHER SIGNIFICANT O	1 20b. DESC	ONTRIBUTING TO DEAT						EN IN PART	PERF	ORMED?
20c. TIME OF IN		ER)	Not while	De. PLACE factory	OF INJURY (Hor , street, office bl	ne, farm, 2 dg., etc.)	POF. (City or	town)	(C	aunty)	(Stote
21. I certify alive an	fames T.	the decease	Lucary	M.D.	11 1	Lece	RESS (Street	the causes of the city of town,	and on the		
REMOVAL (SP	A ION, 22b. DATE THE	REOF V	22c. NAME OF CEMET	RY OR CE	FMATORY	220	. LOCATIO	N (City, tawn, o	e countul		
	9/14/58		Greenmount	Cen				rland,		(Ste	ote)

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VS A15 (4) 15M 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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9664 CERTIFICATE OF DEATH

		3965	3
eg.	Dist.		

1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE b. COUNTY ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL property property fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest (Pin) CUMBERLAND
d. NAME OF HOSPITALLE MORPALO, HOSP OR INSTITUTION MEMORPALO, HOSP MEMORIAL & WARWICK AVE	9 94(E)) :S.,	d. STREET ADDRESS 905 MARYLAND AVE., 1 905 MARYLAND AVE., 1 905 MARYLAND AVE.
3. NAME OF DECEASED (Type or print) ROBE	RT M.	Lost 4. DATE Month Day Year OF DEATH SEPTEMBER 6 1958
	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min. Months Days Hours Min. Min.
100. USUAL OCCUPATION (Give kind of work done I during most of working life, even if relired) Retired Boilermaker 13. FATHER'S NAME	Ob. KIND OF BUSINESS OR INDU Railroad	US.A. 11. BIRTHPLACE (Stole or foreign country) W. VAThomas 14. MOTHER'S MAIDEN NAME
WILLIAM EDWARD BAN	(ER	ELIZABETH DONLLEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? IVes. no. or unknown) 01500 for 1050 for Collection Ves 6-17-1915	705-09-9815	Mrs. Mary L. Baker, Cumberland, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITION	Lyper Hu	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20c. Hour o. m.	1 6	LACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) octory, street, office bldg., etc.)
21. I certify that I attended the dece alive on Sept 19	1	h occurred at 9:03 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED M.D. 133 Va aw, Reuleskeuf, Md 9/5/80
PHYSICIAN'S NAME (Type) G. OVERTON	HIMMELWRIGHT	
220. BURIAL, CREMATION, 226. DATE THEREOF BUT 121 9-8-1958	Sunset Mem	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
James F. Scarpelli,	Cumberland, M	d. DATE SEP 9 '58 Cirina S. Thomas

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	A TOP IN A PERSON		704B)	Hillion Earl
		Lauren (Maria de Leuron)		
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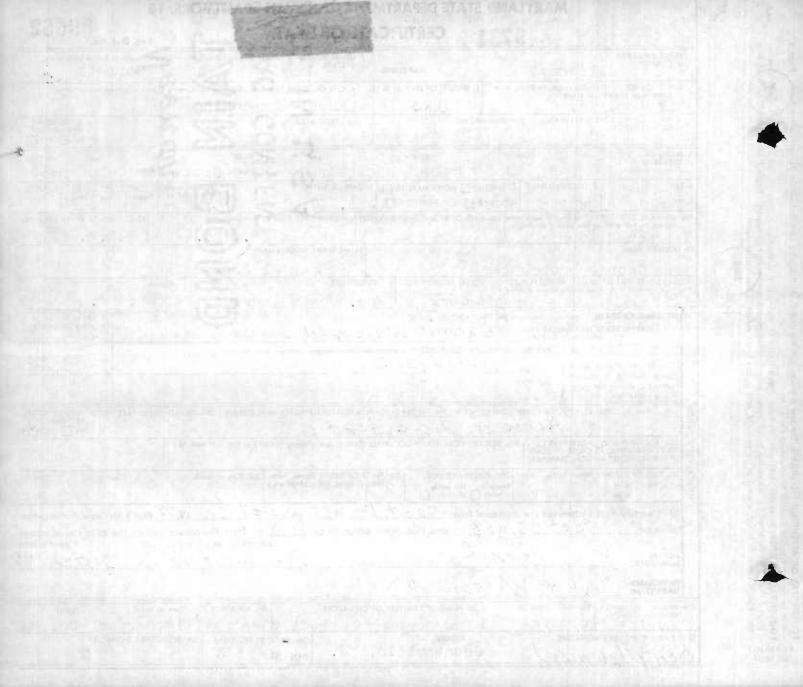
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VS A1S (4) 1SM 9/S5	18

	200			Re	g. Dist. No.
1. PLACE OF DEATH O. COUNTY ALLEGANY	,	MARYLAND	2. USUAL RESIDENCE (WOOD, STATE MARYLA	here deceased lived. If institutions R ND b. COUNTY	Residence before admission) ALLEGANY
b. CITY OR TOWN (If or RURAL and give neare CUMBERLA		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RURA LE	L and give nearest wn pr
d. NAME OF HOSPITAL OR INSTITUTION ME, MOR I AL	(If not in hospital, give stree MEM HOSPITAL WAR	ORIAL & WICK AVES.	d. STREET ADDRESS 80 LA	VALE BLVD.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	DONALD	EDWARD	BARNCORD	4. DATE Month OF DEATH SEPT.	Doy Year
5. SEX 6	WHITE WIDOW	RRIED NEVER MARRIED X	8. DATE OF BIRTH 10/25/48	1 1 1 1 1	JNDER I YEAR IF UNDER 24 HRS. Onths Days Hours Min.
10a. USUAL OCCUPATION during most of working	(Give kind of wark dane 10b) life, even if retired)	. KIND OF BUSINESS OR IND	The second second	ar fareign country) LAND, MD.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
BARNCOR	D, WALTER		ELLIOT	T, IRENE	
15. WAS DECEASED EVER III (Yes, no. or unknown) (It y	N U. S. ARMED FORCES? 16 s. give wor or dotes of service)	SOCIAL SECURITY NO. 17.	MEMORIAL H	Address OSPITAL CUMBER	LAND, MD.
Canditians, if any, gave rise to imm cause (o), stoting the lying couse last.	bullete DUE TO (c)				
ICATIO		SCRIBE HOW INJURY OCCUR		INAL DISEASE CONDITION GIVEN I	PERFORMED?
	CAUSE OF DEATH	SCRIBE HOW INJURY OCCUR	teo. (chief nature at injury in	ron for ron is or tiem to.)	
20c. TIME OF INJURY Haur a. m. p. m.	While		PLACE OF INJURY (Home, farm octary, street, office bldg., etc	n, 20f. (City or tawn)	(County) (Stote)
21. I certify that olive on 9 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) DR 6	LEO LEY	10	1958, 10 h occurred of 4:45 M.D. ASB 1	PM, from the couses ond ADDRESS (Street, city or town, state V. Centre St.	
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF 9/15/58	22c. NAME OF CEMETERY Supset Memor		22d. LOCATION (City, town, or co	
23. FUNERAL DIRECTOR'S S John J. Ha		ADDRESS and, Marylan	240. REC'	D BY REGISTRAR 246. REGISTRA	R'S SIGNATURE

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			Jecuta dominal	
	George Tickhorn Lone	. u subrec.		



ADDRESS

0 VS. ATSME 5M 2/57

23. FUNERAL DIRECTOR'S SIGNATURE

Byron Kight

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? 325 City View Terrace YES NO Z Year 1958 Sept. 9. AGE (In veors IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Hours 12. CITIZEN OF WHAT COUNTRY? Marvland USA Artie Diehl Address Cumberland. Md. Rebecca Brotemarkle INTERVAL BETWEEN ONSE AND DEATH O MO. PERFORMED? NO T 20f. (City or town) (County) (Stole) ond in my DATE SIGNED Sept. 15. 1958 22d. LOCATION (City, town, or county) Cumberland. Md. Sunset Memorial Park 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cumberland, Md. SEP 1 8 '58 arthur & Trais

HYASTI ED ETAD FITTE DESCRIPTION OF TAKE Little District arbered atolegaral designations The organization of the first transfer of tran Tagen Flatte Cluboriters, inc.

Cumberland, Md.

24b. REGISTRAR'S SIGNATURE

arihan & Kray

24a. REC'D BY REGISTRAR

DATSEP 3 0 '58

			3	667		CERTIFIC	CA	TE OF DEAT	H		Reg. Dist	. No.	
1. PLACE OF a. COUNTY						MARYLAND		2. USUAL RESIDENCE (VO. STATE MARYLAN	Where dece	ased lived. If institution b, COUNTY		GANY	
b. CITY OR	TOWN (IF	outside cor rest town) AND	porate limil	s, write	0	OTH OF STAY IN 16	ь	c. CITY OR TOWN (I		orporate limits, write RU	RAL ond gl	ve neares	it fown)
d. NAME C OR INST MEMOR	OF HOSPITA	MEMOR WARW	hospital P	VES.	ddress)			d. STREET ADDRESS	DTOWN	ROAD			IS RESIDENCE ON A FARM? (ES NO 1)
3. NAME OF DECEASED (Type or pr				YMON		JOSEPH		Lost BROWN	4. DAT OF DEA			Doy 27	Yeor 19 58
5. SEX MALE		WHI	TE	WIDOWI	D 🔲	DIVORCED		JUNE 19,19		42 birthdoy) yrs.	The second second		UNDER 24 HRS. laurs Min.
Car	Insp	ng life, eve	n if retired)			Business or inc	DUST	_	LAND,	MARYLAND	100	S.A.	WHAT COUNTRY
13. FATHER'S I	CL		BROW					MARY M					
15. WAS DECI (Yes, no. or unknown	own) (If		r or dates of se	rvice]		5ECURITY NO. 17.		rs, Raymon	nd Br	Addre cown, Cumbe	_	nd, M	d.
	ART I. DEAT	H WAS CA		1	for (a)	(b), and (c).]	4	in Th	160	Man-	7		AND DEATH
	O. / ions, if any ise to im		DUE TO	0	de	onas	2	Merte	ugh	hora	KP.		
cause (a lying ca), stating th	e under	DUE TO			ATING TO DEATH O	(tot British to the total	/			1 120	Wile All Topes
ZATE CATE								NOT RELATED TO THE TER			N IN PART		PERFORMED?
	IDENT WAS FRIBUTING (R, NOTIFY N	TEDICAL EX	OF DEATH (AMINER)					(Enter noture of injury					
	OF INJURY or o. m. p. m.	Month,	Day, Yea	While at wor	_ No			CE OF INJURY (Home, for ary, street, office bldg., o		City or town)	(Co	ounty)	(State)
olive o	RE	7	1/1/	19	ha	/		occurred of 103		rom the causes or s (Street, city of tawn, s	nd on the		the deceased stated above DATE SIGNED
220. BURIAL,		I.CHAR 1, 226. DA		WILL		AME OF CEMETERY	OR	CREMATORY	22d. LC	OCATION (City, town, or	r county)		(State)

St. Mary's Cemetery

Burial (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

James F. Scarpelli, Cumberland, Md.

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VS A15 (4) 15M 9/55 M

MARYLAND	STATE DEPARTMENT	OF HEALTH—B	ALTIMORE, 1	8

SEES CERTIFICATE OF DEATH

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UUL	, ,		Kag. Disi, 140,
1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. o. STATE MARYLAND b.	If institution: Residence before admission) COUNTY ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND	10 MINUTES	c. CITY OR TOWN (If outside carporate limit LA VALE	ts, write RURAL and give nearest town)
d. NAME OF HOSPITAL (1 agy, in Apply 14. 9 yes) or institution MEMORIAL HOS	PPPAL (ES.	d. STREET ADDRESS	I GHWAY S. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) EDNA	Middle Estelle	BROWNING 4. DATE OF DEATH	Month Day Yeor SEPTEMBER 15. 19 58.
	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1890 9. AGE lost b	(In years IF UNDER 1 YEAR IF UNDER 24 HRS, pirthday) Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done to during most of working life, even if retired)	ob. KIND OF BUSINESS OR INDU Restaurant	STRY 11. BIRTHPLACE (Stote or foreign country) PENNSYLVANIA	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JOHN H. SMITH		FLORENCE DE HAVEN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. 1 215-18-8884	MEMORIAL HOSPITAL -	CUMBERLAND, MD.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying cause last. COUNTY TO	Louis Ho Diabetes		o vasadia 1040
CATIC		NOT RELATED TO THE TERMINAL DISEASE COND	PERFORMED? YES NO NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I ar Part II af ite	m 10.j
Hour a.m. W	d. INJURY OCCURRED hile Nat while fo wark at wark	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	(County) (State)
21. I certify that I attended the dece alive an	on that death	occurred at 9:30P M, from the cappress (Street, city	
220. BURIAL, CREMATION, REMOVAL (Specify) 9/18/58	22c. NAME OF CEMETERY O		ty, town, or county) (Stote) and, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George	address umberland, Md.		24b. REGISTRAR'S SIGNATURE Carthur S. France

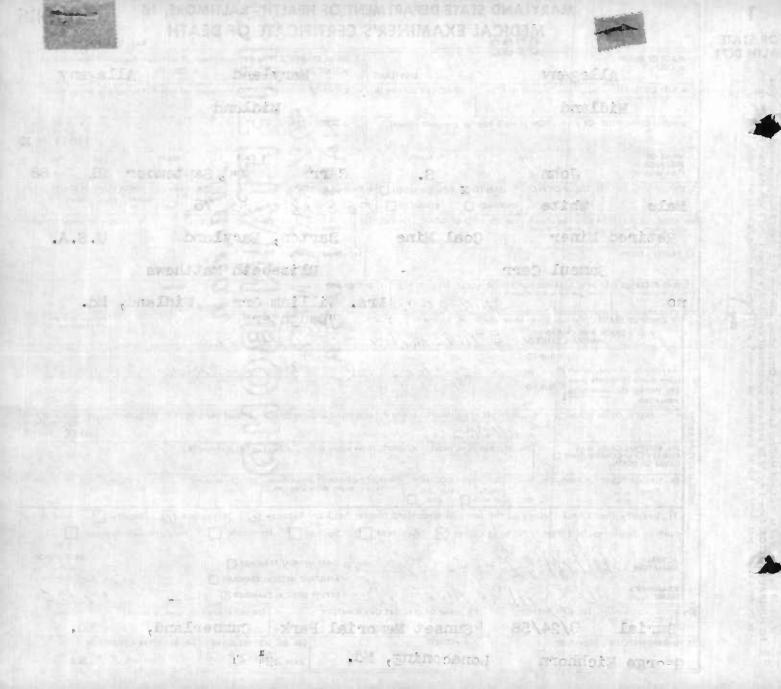
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	9	732	L EXAMINE	K 3	CERTIFICA	TIE OF	DEATH	Reg. Di	st. Ne		13.3
I. PLACE OF DEATH	Allegany		MARYL	AND	2. USUAL RESIDENCE o. STATE Mar	(Where decease yland	b. COUNT			fore adm	
and give nearest toy	Ilf autside corporate limits, wri	TO RUPAL	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN	(If outside corp		RURAL ond	give n	earest to	wn)
d. NAME OF HOSPI	ITAL OR INSTITUTION	(If not in hos	pital, give street address))	d. STREET ADDRESS					ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	John	rst	Middle S.		Carr	4. DATE OF DEATH	Septer		Doy 21		reor 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIE	NEVER MARRIED DIVORCED] B.	EB. 19-	1883	9. AGE In years last birthday 75 yrs.	IF UNDER Months	1YEAR Days	Hours	Min.
10a. USUAL OCCUPAT during most of work Retire	TION (Give kind of work ing life, even if retired) Miner	done 10b. K	ind of Business or in Coal Mine	NDUSTR	Y 11. BIRTHPLACE (Sto		ountry)	12. CITI		S.A	COUNTRY
13. FATHER'S NAME	Sameul Ca	arr			14. MOTHER'S MAIDEN		Matthey	vs.			
15. WAS DECEASED E	VER IN U. S. ARMED FO		9-03-903	17. IN	FORMANT B. Willia	m Orr	Address Mid	Land,	Mo	1.	
PART I. DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	7	for (a), (b), and (c).]	A	"Daugh"	ter"	カ		INTE	RVAL BETWEET AND DE	EEN ATH
Conditions, if gove rise to imm (o), stoting the couse lost.	ediote couse	to	esoplag	la	e l'a	icen	oma				
PART II. O	THER SIGNIFICANT CON	1/10	INTRIBUTING TO DEATH	BUTNO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	VEN IN PART		9. WAS PERFO YES DE	AUTOPSY RMED?
PRIMARY OF CO	ONTRIBUTING	0b. DESCRIBE	HOW INJURY OCCURR	RED. (En	iter noture of injury in P	ort I or Part II	of item 18.)				
20c. TIME OF INJI Hour o. m p. m		While		factor	E OF INJURY (Home, fa ry, street, office bldg., e	rm, 20f. (City	or fown)	(Cou	nty)		(Stole)
	that I took charge in resulted from: WDMC		emoins described causes Accident	-	7	Homicide		Inquir ermined n		er 🔲	SIGNED
EXAMINER'S NAME (Type)	wos	me	LANE 1	118	ASSISTANT MED DEPUTY MEDICA			2	ry	195	8
Burial Burial	9/24/	58			rial Park		TION (City, town,	-	1	(Stot	e)
GOORGE 1	eichhorn	L	onaconing	, M	240. RE	SEP 2 5		Tribung			

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If ony deloy is rexecute the cartificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be in carded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL UNECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State par its designated agent, prior to burial, cremation, ar removal, and in any event within 72 haurs after death. VS. A15ME 5M 2/57



VS. A15ME 5M 2/57 09667

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MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	()30

	0.66	0							Reg. D	ist. No	١.	
1.	LACE OF DEATH	,		2	. USUAL RESIDI	ENCE (V	/here decease	ed lived. If institu	ution: Resid	ence bef	ore admi	ission)
	Allegany		MARYLAI	ND	o. STATE	Mar	yland	b. COUNT	Y All	ega	ny	
ь	. CITY OR TOWN (If outside corporate limits, write 8U and give nearest lown)	RAL C.	LENGTH OF STAY IN	16	c. CITY OR TO	DWN (IF	autside carp	orate limits, write	RURAL and	d give n	earest ta	wn)
1	Cumberland		Life		2 Cumb	erl	and					
C	NAME OF HOSPITAL OR INSTITUTION (IF no 701 Elm Street	ot in haspita	, give street address)		d. STREET ADI	_	m Str	eet			ON	A FARM?
	NAME OF First		Middle		Lost		4. DATE	Mont	h	Doy	Y	ear
	Type or print) JAMES .	J	ACOB		COUTER		OF DEATH	Sept.	. 16		1	9 58
5. 5	EX 6. COLOR OR RACE 7.	MARRIED [NEVER MARRIED	-				9. AGE (In years	IF UNDER	TYEAR		ER 24 HRS.
	Male White w	IDOWED [DIVORCED [De	c.6.18	76		lost birthday) 81 yrs.	Months	Doys	Hours	Min.
100	USUAL OCCUPATION (Give kind of work done	10b. KIND	OF BUSINESS OR IND				ar fareign co		12. CIT	ZEN OI	F WHAT	COUNTRY
9	uring most of working life, even if retired) Laborer	Stee	el Mill		Mar	vla	nd		T	SA		
13.	FATHER'S NAME		/- M-2-	14	. MOTHER'S MA	-	At any			יייייייייייייייייייייייייייייייייייייי		
	George Couter				M	argi	eret	Reid				
15.	WAS DECEASED EVER IN U. S. ARMED FORCE	57 16. SOC	IAL SECURITY NO. 1	7. INFO	RMANT	- B		Address				
1100	NO (II yes, give war or dales af servi		None 1	Irs.	Ruth	Par	rdew	Cumbe	rlan	d.	Md.	
	18. CAUSE OF DEATH [Enter only one cause	per line for (INTER	VAL BETWE	
	PART I. DEATH WAS CAUSED BY:	10	المع ومع الله		April	1				GIVSE	T AND DEA	la
	420.1 DUE TO		40-11-000	+	·		und	>		1	LANG	un
	Conditions, if any, which) (b)	Cor	Mari.	5	POPPO	019	<					
	gave rise to immediate cause		7	~	0000	210			_			
	couse tost.		0	5								
3	PART II. OTHER SIGNIFICANT CONDITI	ONS CONTI	RIBUTING TO DEATH BE	TON TU	RELATED TO TH	E TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS	AUTOPSY
CERTIFICATION										,	PERFO	RMED?
TIF	20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING	DESCRIBE HO	W INJURY OCCURRED). (Enter	nature of injur	y in Part	I or Part II	of item 18.)				
E E	CAUSE OF DEATH.											
3	20c. TIME OF INJURY Manth, Day, Year	20d. INJU			OF INJURY (Hor			or tawn)	(Co	unty)		(State)
MEDICAL	Hour o. m. p. m. 19	While of work	LAGI MIIII9	ractary,	street, office bl	og., erc.)	1					
	21. I certify that I took charge of	f the rem	oins described o	bove	held an A	utopsy	/ D. In	spection ,	Inqui	v \square	. on	d in my
	opinion deoth resulted from: No			_			domicide		rmined	,	- Learning	(,,,
	0	0	, , , , , ,	[00.0.00				· · · · · · · · · · · · · · · · · · ·	HOITHE	" [_]	
	ACTUAL SIGNATURE SUREDUCT.	16	tarelar		CHIEF MED	DICAL EX	AMINER []	0			DATE S	IGNED
	SIGNATURE COLOR	0,00	account		i.D.		AL EXAMINE	RT //				
	NAME (Type) Benedict Sk	itare	lic, M.D				EXAMINER 5	- 6	+16	1	950	8
220	BURIAL CREMATION, 22b. DATE THEREOF		NAME OF CEMETERY	OR CR	EMATORY		22d. LOCAT	TON (City Jown.	or county)		(State	•)
-	Burial 19/19/1958	8 R	ose Hill	Cei	netery		Cum	berland	, Md			
23.	FUNERAL DIRECTOR'S SIGNATURE	h am 7	ADDRESS		1		BY REGISTI		STRAR'S SIG			
	Byron Kight Cum	perta	and, Md.		D	ATSEP	1 9 '58	ant	hun 8.	Traces		

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MA	ARYLAND STAT	E DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	9733	CERTIFICATE	OF	DEATH	Pa

/ E								-		
1	PLACE OF DEATH a. COUNTY	Allegan	У	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryl		l lived. If institution b. COUNTY	Alle		dmission)
	RURAL ond given	If autside carporote limiterest town)	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpoi		JRAL and g	_	lown)
T	OR INSTITUTION	TAL (If not in hospitol, g Route 4	ive street		/d. STREET ADDRESS Rout	e 4				S RESIDENCE ON A FARM? ES NO T
3	NAME OF DECEASED (Type or print)	Fir Mary	st	Middle	Crites	4. DATE OF DEATH	Septem		Day	Year 1958
1	sex Female	6. COLOR OR RACE White	7. MARR	HED NEVER MARRIED DIVORCED	B. DATE OF BIRTH NOV 19. 188	2	9. AGE (In years lost birthday)			UNDER 24 HRS. ours Min.
L	Hous	king life, even it retired)		KIND OF BUSINESS OR IND USE Wife		Virg			JSA	VHAT COUNTRY?
113	3. FATHER'S NAME	arles E. S	Imi +	h	14. MOTHER'S MAIDEN		070+	••		
1		ER IN U. S. ARMED FOR			INFORMANT	mella	Clayto			
	(et no, or proknown)	(If yes, give wor or dates of se	rvice)	None	Guy W. Crit	es	٠.	own,	Md.	
		ATH [Enter anly one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Merc	ne for (o), (b), and (c).] cardial Faily	ire				INTERV ONSET	AL BETWEEN AND DEATH Weeks
	Conditions, if a		Left	t Bundle Bran Ventricular	ch Block; Aur. Hypertrophy	icular	Fibrill	ation		?
	cause (a), stating lying cause last.	the <u>under-</u> DUE TO	- 141	Laconomy Libraros	ency; Coronar					?
MOLTADISTOS	PART II. OT		DITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	P	VAS AUTOPSY ERFORMED?
		AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part	II of item 1B.)			
MEDICAL	20c. TIME OF INJUI Haur a. jr. p. m.	RY Month, Day, Yeo	While	Not while k of work	LACE OF INJURY (Home, farm actory, street, office bldg., etc	n, 20f. (City	ar town)	(Ca	ounty)	(Stote)
	21. I certify the alive on_A12	hat I attended the	deceas	ed from July 12	, 19 <u>58</u> , to Se h accurred at 2:2	91M, from	r. 1, 19 5	nd on th	ost saw e date :	the deceosed stoted obove.
	ACTUAL	Smount for	an	fan			g Street	•		9/2/58
	PHYSICIAN'S NAME (Type)	Samuel M.	Jaco	obson, M.D.	Cum	berlan	d, Maryl	and		
2	REMOVAL (Specify BUT 1 & 1	Sept. 4,]		Olivet Cen		1	orefield		Va.	(State)
2.	Byron		Cui	ADDRESS mberland, Ma	d . 240. REC	D BY REGIST	RAR 24b. REGIS	TRAR'S SIG		7.7:17

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9670	CERTIFICA	ATE OF DEATH		Reg. Dist	129669
1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYL)	1 1	COUNTY	before admission) EGANÝ
b. CITY OR TOWN (If outside carporate limits, write c. RURAL and give nearest town) CUMBERLAND	157 DAYS	c. CITY OR TOWN (If ou	tside corporate lim		ve nearest town)
d. NAME OF HOSPITAL WEIGHT PAID! PROSE TA OR INSTITUTION MEMORIAL & WARWICK AVES.	(55)	d. STREET ADDRESS	ENTRE STR		IS RESIDENCE ON A FARM? YES NO N
3. NAME OF First DECEASED (Type or print) ERMA PAUL	Middle . I NE	DE VAULT	4. DATE OF DEATH	Month SEPTEMBER	Day Year 6 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED FEMALE WHITE WIDOWED [Never Married	8. DATE OF BIRTH APRIL 15.19	4 1911		YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KINI during most of working life, even if retired) Waitress Lover	o of Business or Indu	MIDIOTHIA			S. A.
12 SATHER'S NIAME	ation	14. MOTHER'S MAIDEN N. MARGARET			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)		erold DeVault		Centre St	
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. [b]. DUE TO (c).		Cenhous			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CON		T NOT RELATED TO THE TERMIN ED. (Enter noture of injury in P			1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	Not while fo	LACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City or fow	n) (Co	ounty) (Stole)
21. I certify that I attended the deceased alive an 9-6 , 19-58 ACTUAL SIGNATURE CU'LLAW P. D. C. PHYSICIAN'S NAME (Type) WILLIAM P.	L, and that death	occurred at 2:15P		causes and an th	
PEMOVAL (Specify)	rostburg	or CREMATORY emorial Park	22d. LOCATION (C Frostb	ity, town, or county) ourg, Mary	land (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE John J. Hafer, Cumberlar	ADDRESS nd, Marylan	,	BY REGISTRAR 1 0 '58	24b. REGISTRAR'S SIG	

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15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(State)

12. CITIZEN OF WHAT COUNTRY

Days

U.S.A

(County)

Months

YES T NO.

Year

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		967	CERTIFIC	ATE OF DEAT	Н	Reg. Dist.	No. 1136/1			
1.	PLACE OF DEATH o. COUNTY Allegany	7	MARYLAND	C STATE	here deceased lived. If institution b. COUN					
) [b. CITY OR TOWN (If autside ca RURAL and give nearest town)	rporate limits, write	c. LENGTH OF STAY IN 18		autside corporate limits, wri					
_	Cumberland		4 days	X Lonaco	ning					
	d. NAME OF HOSPITAL (If not in OR INSTITUTION		et address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?			
-	Sacred Heart F			Box 211	1:		YES NO			
	(Type or print)	Alice	Middle Darlene	Duckworth	OF	Sept.	29, 1958			
5.			RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye last birthda		YEAR IF UNDER 24 HR			
	Female Whit		WED DIVORCED	5/27/47		yrs.				
10	 USUAL OCCUPATION (Give kinduring most of working life, even 	nd af wark dane 101 en if retired)	b. KIND OF BUSINESS OR INC			- A - A - A - A - A - A - A - A - A - A	EN OF WHAT COUN			
				Maryla		U	.S. A.			
13	. FATHER'S NAME			14. MOTHER'S MAIDEN						
-	Ernest Duck		<u> </u>	Norma Mo			19-35			
	. WAS DECEASED EVER IN U. S. /	or or dates of service	S. SOCIAL SECURITY NO. 17	INFORMANT		Address				
-				Pt's cha	art.					
T	18. CAUSE OF DEATH [Enter	LUCED BY			File		INTERVAL BETWEEN			
	IMMEDIAT	E CAUSE (o) LIVI	nphoepitheliom				2 years			
	146%	DUE TO	with probabl	e metastases t	to brain		few days			
	Canditions, if any, which gave rise to immediate	(b)								
	lying cause last.	DUE TO								
CATION										
		pneumonia	a, left lower	lobe			YES NO			
CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY Manth, Haur a. m. p. m.	Whil		PLACE OF INJURY (Home, far factory, street, affice bldg., et	m. 20f. (City or tawn)	(Cou	unty) (Stat			
	21. I certify that I atte	nded the deced	sed from Septemb	er 2519 58, to Se	ptember 2919	58, that I la	st saw the decec			
	alive an September									
	00	(ADDRESS (Street, city or to		DATE SI			
	SIGNATURE MANAGE	- L 97 [N	ramente	M.D. Algonquir	Hotel, Cumb	erland,	Md .			
1	PHYSICIAN'S Wyand I	Doerne	r, Jr., M.D.							
27	BURIAL CREMATION, 226. D.	TE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, law	vn, as caunty)	(State)			
23	FUNERAL/DIRECTOR'S SIGNATU	// S.O.	ADDRESS	1 240 000	D BY REGISTRAR 24b. R	MOY EGISTRAR'S SIGN	MATHRE			
123	61.13/1	- W	O TO A A	. Taul	/					
	J 1000	//-	SUNUFU	MA DATE	OCT 2 '58 /	arthung &	Thous			

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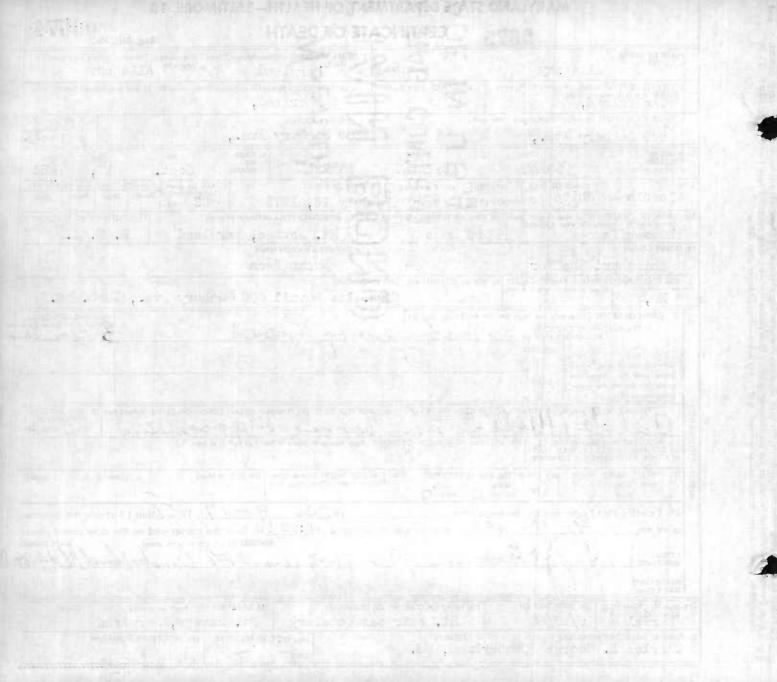
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09672 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY files. Heolth, b. COUNTY Allegany MARYLAND Allegany Marvland b. CITY OR TOWN (If outpute corposale limits Trita RURA and give nearest town) CumperTand c. LENGTH OF STAY IN 16 M c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ectar Corrigansville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital (DOA) YES NO 3. NAME OF Middle 4. DATE Month Doy Yeor DECEASED (Type or print) Emerick 19 58 Clvde DEATH Sept. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE In years IF UNDER TYEAR IF UNDER 24 HRS. fast birthday) Hours WIDOWED [DIVORCED T Dec.7,1894 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Celanese Employee Celanese USA Hyndman, Pa. RD#1 13. FATHER'S NAME pages 14. MOTHER'S MAIDEN NAME Lorenzo Emerick Anna Kennell A5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Corriganville, Md. No 217-10-7175Mrs. Ruth Emerick. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Sudden PART I, DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO Coronary Sclerosis Conditions, if any, which gave rise to immediate cause DUE TO (o), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES T NOA 200. EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) factory, street, office bldg., etc.) WEDI Not while o. m at work at work 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection [8] and in my CTOR: opinion death resulted from: Natural causes XX Accident , Suicide , Homicide , Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER Sept. 29. NAME (Type) Benedict Skitarelic. M.D. 2,1958 Palo Alto Cemetery 220. BURIAL, CREMATION, 22b. DATE THEREOF y Hyndman, Pa (Stote) October 0 **ADDRESS** 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME Hyndman, Pa. DATE (1) 5M 2/57

HEBICAL EXAMINET'S CERTIFICACE OF DEATH White with the court of the But and by a company of the property of the partition of PART OF STREET October E. H. S. Francisco of the old for the condition THE STREET, STREET

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARMS YES NO. Year 19 58 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12 CITIZEN OF WHAT COUNTRY U. S. A. Address Mrs. Lee Duvall 809 Sunbury Ave. Cumb. Md. INTERVAL BETWEEN MSET, AND DEAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN-IN MART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO M (County) (Stote) 19.20that I last saw the deceased and that death occurred at 6:20 PM, from the causes and on the date stated above.



VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF HE	ALTH—BALTIMORE, 1	18	

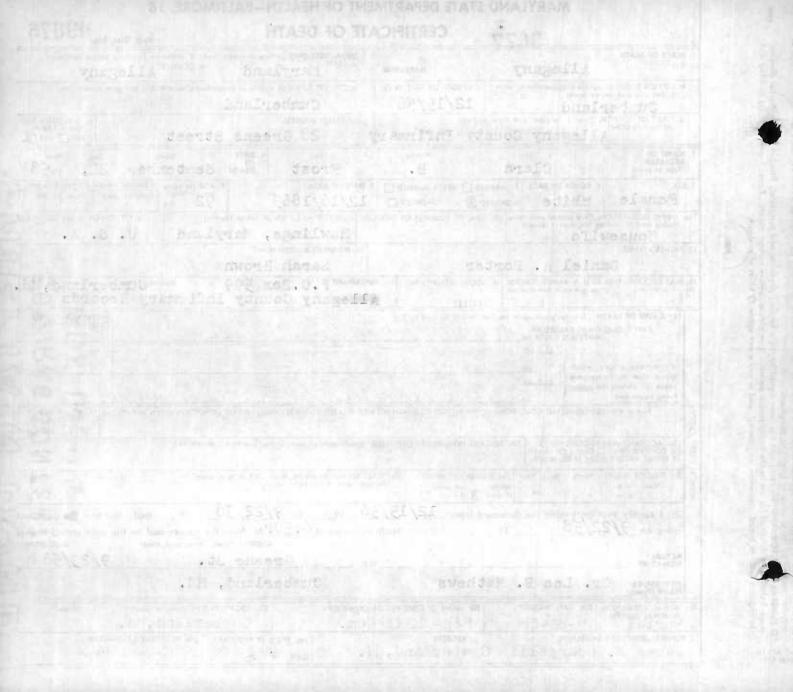
		3	676		CERTIFI	CATE	OF D	ATI	1			Reg. D	ist. No.	119	675
1. P	LACE OF DEATH	NY			MARYLAN	2. U	SUAL RESIDE	LAND	nere decease		If institution. COUNTY		nce befor		sion)
t	COMBERL	outside carporate lin	mits, write	c. LENG	TH OF STAY IN	Ib С	. CITY OR TO	WN (If	nutside carpo RLAND	orate lim	nils, write R	URAL and	give neo	rest fow	n)
(OR INSTITUTION MEMORIA	MEMORIAL! L & WARWI	HOSPY CK AV	TAL") ES.,		1	d. STREET ADI		MECHA	NIC	STRE	ĘΤ		ON	SIDENCE A FARM? NO X
	NAME OF DECEASED Type or print)		MARTH	IA .	MENE		FOLK'		4. DATE OF DEATH		SEPTE		Do 20		Yeor 19 58
5. S	FEMALE	6. COLOR OR RACE	WIDOW	ÆD 🗍	DIVORCED	SE	PT 29	, 19		last 3	(In years birthday) yrs.	Manths	Days	Hours	ER 24 HRS. Min.
	during most of working HOU	ng life, even if retire	rd)		BUSINESS OR IN		DAV	15,	W.VA.	auntry)			S.A.		COUNTRY
3. !	FATHER'S NAME CLA	UDE WEAVE	R			14.	MOTHER'S M		NAME EWSON						
15. Yes	WAS DECEASED EVER	IN U. S. ARMED FO f yes, give wor or dates o	PRCES? 16.	SOCIAL S		7. INFOR			spita		Add Cumb		nđ	Md.	
7	Canditians, if an gave rise to in cause (a), stating t lying cause last.	he <u>under-</u>	(b)(O	Rd	ens (ar	Cene		a (ren	9			
FICATION		ER SIGNIFICANT CO										EN IN PA	K1 1(a) 1	PERF	PRMED?
2															
ME	p. m. 21. 1 certify the alive on 20	at I attended the	at wor	rk 🔲 at v	vark	5 G	, 19, urred at.l.	10	AM, from		causes o	and an i		te stat	decease ed abav ATE SIGNE
220	PHYSICIAN'S NAME (Type) - BURIAL, CREMATION REMOVAL (Specify)	7 - 1 0		22c. N/	AME OF CEMETER			- 7 T			City, tawn,		A	(Sta	te)
	FUNERAL DIRECTOR'S		. 1/ 10		n Memo:	707			D BY REGIS 23 58		umb e			Ma	

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09677

Reg. Dist. No.

		-		
9678	CERTIFICATE	OF	DEA	TH

1. PLACE OF DEATH O. COUNTY ALLEG	NY		MARYLAND		ESIDENCE (WH	ere deceased	lived. If institute b. COUNTY			dmission)
b. CITY OR TOWN	(If autside carporate limi	ts, write	c. LENGTH OF STAY IN 16	11	BERLAI		ote limits, write R	URAL and g	ive nearest	town)
	PITAL (If not in haspital, o			d. STREE	T ADDRESS				0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	clift		Middle E . F	ULLER	Lost	4. DATE OF DEATH	Mon SEF		Day 3	Year 1958
5. SEX	6. COLOR OR RACE		RIED NEVER MARRIED	B. DATE OF B	IRTH	ELL!	P. AGE (In years last birthday)	IF UNDER		INDER 24 HRS.
MALE	WHITE	WIDOW	ED DIVORCED	MAY	1, 18		85 yrs.	Months	Days Ho	ours Min.
100. USUAL OCCUPA during most of w RETIRE	TION (Give kind of work orking life, even if retired DEEK	done 10b.	KIND OF BUSINESS OR INDICATION OF BUSINESS O		MARYLA	_	mberlan		ZEN OF W	HAT COUNTRY?
13. FATHER'S NAME					R'S MAIDEN N	IAME				
FULLE	R, HOWARD				ER, M	ARY M	ARTHA			
[Yes, no or unknown)	VER IN U. S. ARMED FOR			INFORMANT			Add			
No			None	MEMOR	TAL H	OSPIT	AL, CUM	BERL	ANDK	MD.
Canditians, if gave rise to cause (a), stating lying cause los PART II. CO PART III. CO PART III	immediate DUE TO	DITIONS	CONTRIBUTING TO DEATH BL	ED. (Enter natur	e of injury in F	Cro Part I or Part	II of item 18.)		1(a) 19. W	ERFORMED?
20c. TIME OF INJ Hour a. m p. m	1.	While		PLACE OF INJUR actory, street, of			or town)	(C	aunty)	(State)
21. I certify alive on Z ACTUAL SIGNATURE	that attended the	decease 19	Reduces	м.о. С	01 2:11			and an th		the deceased stated above.
22a. BURIAL, CREMAT REMOVAL (Speci	ION. 22b. DATE THEREG	OF .	22c. NAME OF CEMETERY			22d. LOCAT	ON (City, town,	or county)		(State)
Burial	Sept. 6m	1958		Cemete				Maryl		
23. FUNERAL DIRECTO			ADDRESS			D BY REGISTE		STRAR'S SIG		
John J.	Hafer, Cum	berla	and, Maryland		DATE S	EP 1 0 '5	08 0	other S.	. Thank	

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14	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH /: // 9734 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
files. Poge	O. COUNTY CITTE GARY MARYLAND O. STATEMENTY/UNCL b. COUNTY CITTE GARY
X L L \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	b. CITY OR TOWN III outside corporate limits, write RURAL and give necress town) c. CITY OR TOWN III outside corporate limits, write RURAL and give necress town)
of the state of th	d. NAME OF HOSPITAL OR INSTITUTION (If not in hyspitol, give street address) d. STREET ADDRESS,
OO BALLIN	Castle Hill YES NO
funer Stote deoth	3. NAME OF DECEASED A Middle Lost 4. DATE Month Doy Year
ony of the person of the perso	(Type or print) OFEX AND FO COWING DEATH 3C T 30 1938 5. SEX (6. COLOR OR RACE 7. MARRIED [7] NEVER MARRIED [7] B. DATE OF BIRTH 9. AGE (In year) IF UNDER 1YEAR IF UNDER 24 HRS
a 3 to moy moy with ours	Malp White WIDOWED DIVORCED Sept 12 18 90 Gyrs. Months Days Hours Min.
Jean Jean Jean Jean Jean Jean Jean Jean	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
iffin	13. FATHER'S, NAME 14. MOTHER'S MAIDEN NAME
Poge Poge int w	James Yourans Mayaret Hisson
form form	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, not of unknown] (If yes, give wear or doles of register)
in it is in the same	yes First ward was 217-03-5896 MUS all Lande Howard - Tonacoung
long long and and	PART I. DEATH WAS CAUSED BY: Onser and plant Onser and
Topic of the control	HAMEDIATE CAUSE (a) WWIE CUI AI AI WILLIAM STILLING SUACES
encil iol-tr remo	Conditions, if ony, which gove rise to immediate cause (b) Myo (atdia) Insufficiency 4 years
in printer	(a), stating the underlying Couse lost.
ing. Xom dion	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
com crem	YES □ NO DX
Medi veri	20c. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH.
g the was a should be a should	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w
Poge Price	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my
ded very gent,	opinion death resulted fram: Natural causes X, Accident, Suicide, Hamicide, Undetermined monner
ed a	ACTUAL ALLOW MELAND P CHIEF MEDICAL EXAMINER TO DATE SIGNED
and	ASSISTANT MEDICAL EXAMINER [] 3 SIPT 30
desi desi	EXAMINER'S WITH LONG. DEPUTY MEDICAL EXAMINER & CLASH 1958
S S S S S S S S S S S S S S S S S S S	Bremoval (Specify) Oct. 3, 1958 Memorial Park (Stole)
S. A15ME	23. ENNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 2/57	George Oichhom Lonaconing, mo DAGCT 2'58 arthur S. Kraus

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the registrar priar TO FUNERAL DI page 3 should

VS A1S (4) 1SM 10/S7

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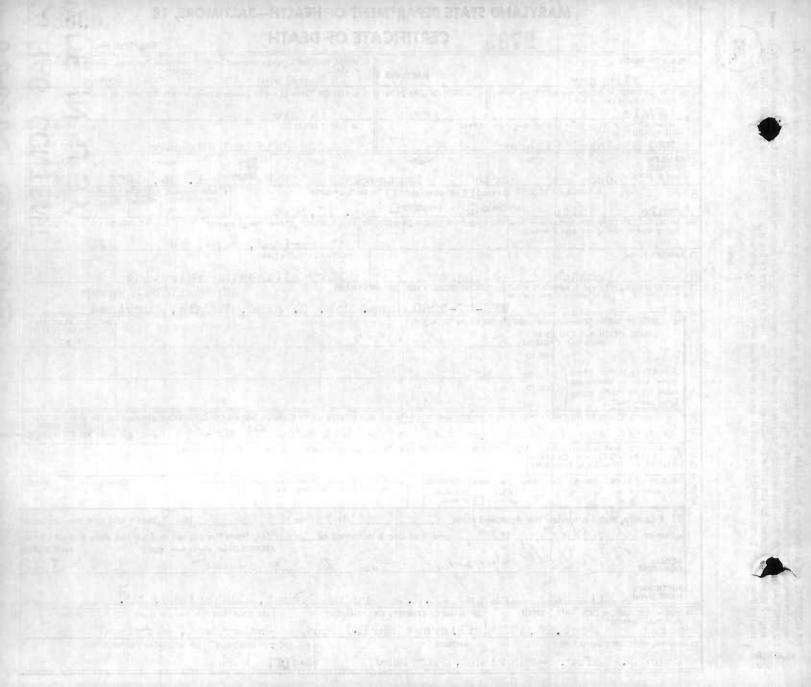
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09681

CERTIFICATE OF DEATH 9735

Reg. Dist. No.

									-			
a. COUNTY				2. USUAL	RESIDENCE (WI	here deceased	l lived. If institution	an: Residence	before adm	ission)		
Alle	egany		MARYLAND	Maryland Allegany								
	If autside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY	OR TOWN (If	outside carpor	rote limits, write R	URAL and gi	ve nearest to	lwn)		
LaVale			vears	X	LaVale							
OR INSTITUTION	TAL (If not in hospital, g		oddress)	d. STRE	ET ADDRESS				ON	ESIDENCE A FARM?		
330 Nati	ional High	way		1	330 Na	tiona	l Highwa	Y	YES	□ NO □		
3. NAME OF DECEASED (Type or print)	Fir		Middle	- 1	Lost	4. DATE	Mon	th	Day	Yeor		
5. SEX	la colon on mer	Mar:				- DEATH	Sept. 26			19		
	2.12	WIDOWE	IED NEVER MARRIED DIVORCED				9. AGE (In years lost birthdoy)	-	YEAR IF UN			
F'emale	White		KIND OF BUSINESS OR INDI	Aug.]	3,1894		64 yrs.					
during most of war 3. FATHER'S NAME	king life, even if retired)	KIND OF BOSINESS OK INDI	Cı		nd, M	aryland	100	USA	AT COUNTR		
I I	leshack	R:	ichards	Ma	rv Eli	zahetl	h Valen	tine				
S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		INFORMANT			30 Natar					
Yes, no, or unknown)	(It yes, give war ar dates of s	1	0-07-6260 Mr	s. Jas	C. K		LaVale.					
18. CAUSE OF DEA	ATH [Enter only one co	use per lin	ne for (o), (b), and (c).]	/	1.				INTERVAL			
PART I. DEA	TH WAS CAUSED BY:	1 60	cronary hu	ourt a	Mas	u			ONSET AN	D DEATH		
420.1	DUE TO				/				0			
Conditions, if a	ny, which) (b	3										
gave rise to i	mmediate (
lying couse lost.	the under-	,										
	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATE	D TO THE TERMI	INAL DISEASE	CONDITION GIV	FN/INI PART	1(a) 19 WA	S ALITOPSY		
3 remiale	pra aple	1 El	retrat he	ukr	Loge,	25/20	andry	lis se	PERI	FORMED?		
	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter notu	re of injury in 1	Port 1 or Part	II of item 18.)					
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yeo		Not while to twork 20e. P	LACE OF INJU octory, street, o	RY (Home, form office bldg., etc	n, 20f. (City	or town)	(Co	unty)	(Stote)		
21. I certify th	at I attended the	decease	ed fram	. 19	48 10 fl	14.26	1958	that I la	ist saw th	e decease		
alive on UM	out 27	195		h occurred	01/10	PAN E-						
			, and mor dear	ii occorred			reet, city or town,			ited abav DATE SIGNE		
ACTUAL SIGNATURE	is abell	18/2	inp	M.D	Grean &	01	est will,	storej	91-	8/13		
PHYSICIAN'S NAME (Type)	Elizabeth	Brin	nes M.D.	Grane	Stree	+ C	nberland	Ma				
	N, 22b. DATE THEREO		22c. NAME OF CEMETERY O				ION (City, town, o					
REMOVAL (Specify) Burial	Sept.29,						rland, M	"	,	ate)		
3. FUNERAL DIRECTOR			ADDRESS			D BY REGISTE		TRAR'S SIGN				
John J.	Hafer, Cum	berl	and, Marylan	d	DATE OC	- 4 151		: 1.1 S. 9				
						-						



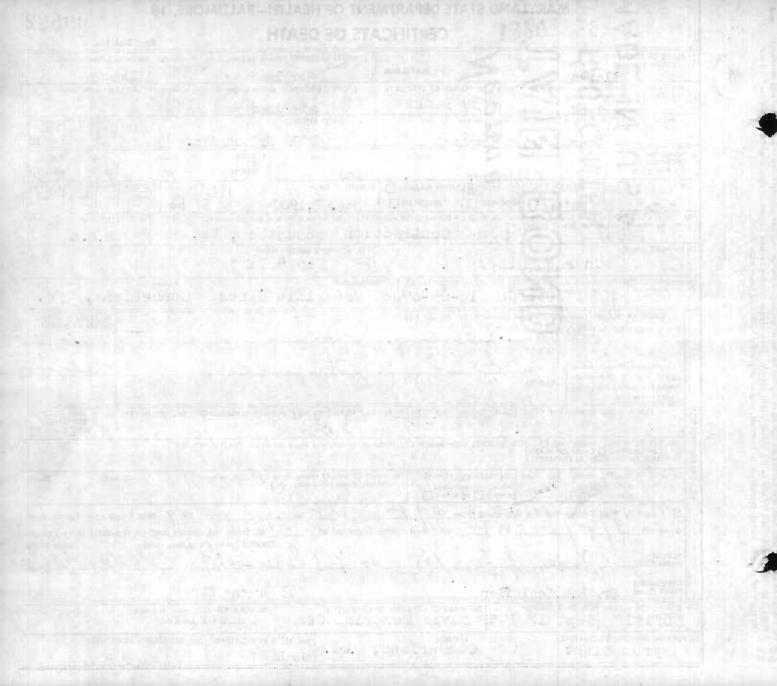
funeral directo TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag may be retained by the hospital or attending physician. O FUNERAL DICTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registror prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. TO FUNERAL DI

VS A15 (4) 1SM 10/57 M

9681 CERTIFICATE OF DEATH

09682

							Reg. Dist.	. No.	
1. PLACE OF DEATH a. COUNTY				RESIDENCE (WI	here deceased			before od	mission)
AZZ	legany	MARYL	AND	Marvl	and	b. COUNTY	Alleg	anv	
b. CITY OR TOWN (III RURAL ond give ne	f outside carporate limits, wi	rite c. LENGTH OF STAY II	N 1b c. CIT	OR TOWN (If	outside corpore	ate limits, write f			own)
	_	30 Years	112						
d. NAME OF HOSPIT.	AL (If not in hospital, give st	treet address)	d STE	Cumber L EET ADDRESS	anu			l = 15	RESIDENCE
OR INSTITUTION	Sacred Heart		/		Sylvan	Ave.		01	A FARM?
3. NAME OF	First	Middle		Lost	4. DATE	Mor	ath	Day	Year
(Type or print)	Willi	am C.	Uines		OF DEATH	9		9	
5. SEX		MARRIED NEVER MARRIED	Hines B. DATE OF	DIDTH		AGE (In years	IS LINIDED I		19 50 NDER 24 HRS.
	1440					last_birthday)		ays Hou	
Male		OWED DIVORCED	Land 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7,1900		51 50			
during most of work	ing life, even if retired)	106. KIND OF BUSINESS OR					12. CITIZI	EN OF WH	AT COUNTR
Labo		Cumbd Contr	action	woods.	tock,	Va.		U.S.A	A
3. FATHER'S NAME			14. MOT	HER'S MAIDEN N					
	Charles Hi	nes		Clara	Virts	5			
S. WAS DECEASED EVER	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			Add			
Yes, no. or upknown)	W I vetera	1 214-05-89	. /		Hines		berla	nd,	Md.
18. CAUSE OF DEA	TH [Enter only one couse p	per line for (a), (b), and (c).]						INTERVAL	BETWEEN
	TH WAS CAUSED BY-	Cim	10				40,5		ND DEATH
1120	IMMEDIATE CAUSE (a)	- Warn	1 Note	stone				10	1
T = 0.	DUE TO	0 1 1	F	1_	1				1)
Conditions, if or		There	1 and	Lann	Mer	~~		und	n
gave rise to in cause (o), stating t		Y							
lying couse last.	(c)								
PART II. OTH		NS CONTRIBUTING TO DEAT	H BUT NOT RELAT	ED TO THE TERMI	NAL DISEASE	CONDITION GIV	FN IN PART I	(a) 19 W	S ALITOPSY
PART II. OTH						condition on	EIN IN FART I	PER	FORMED?
- OC ACCIDENT WILL	CHAIDEBLAING ET JOS	DECCRISE HOW INVESTIGATION						YES	□ NO □
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED. (Enter nat	ure of injury in f	Part I or Part !	1 at item 18.)			
		A INNINA OCCUPANA	O. DIACE OF IN	1011 111					
20c. TIME OF INJURY Hour a. m.	W	Od. INJURY OCCURRED 2 hile Nat while	Oe. PLACE OF INJ	office bldg., etc.	. i 20f. (City o	or town)	(Cou	unty)	(State)
p. m.		work ot work							
21. I certify the	at I attended the dec	eased from al /	. 19	150	0/4	200 1	46 - 4 1 1		
01	161	17- 1.1		Japan 10	1-1-1	195-			
alive on	· ·	A. F., and that o	leath occurred			the causes o		date sta	ated abav
ACTUAL L	0/1	1 1	1.	, , 01	ADDRESS (Stre	et, city or tawn,	state)	^	DATE SIGNE
SIGNATURE	Ali Ma	1. 11.	M.D	3/31	ling	Mark	whent	has	911 411
PHYSICIAN'S	V- 11/10	Mr. M.	·				7		110-1-14
NAME (Type)	e B.M. Schind	ler		43	Greene	Street			
2a. BURIAL, CREMATION		22c. NAME OF CEMET	EDV OR CREMATO						
-REMOVAL (Specify)			emorial		Cum	on (City town, of erland	ir county)	Md	tate)
CHAIRM DIRECTOR						,			
Byron K		Cumberla	nd. Mo		D BY REGISTRA	AR 24b. REGIS	STRAR'S SIGN.	ATURE	
DALOU F	TELL	Competita	THE CHILL	DATE S	EP 1 5 '5	8 0	-71 0	4	



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VS A15 (4) 15M 9/55

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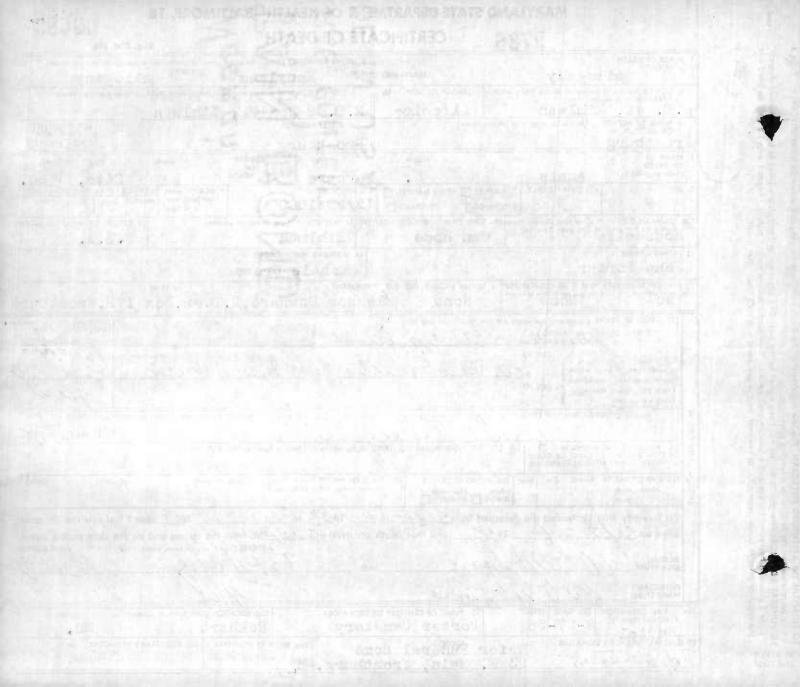
VS A1S (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTIEICATE OF DEATH

09685

	9736 CERTIFICATE OF DEATH		Reg. Dist.	eg. Dist. No.			
o. COUNTY Allega	ıy	MARYLAND	2. USUAL RESIDENCE (WI	1 000			
b. CITY OR TOWN (If outside co RURAL and give neorest town) R.D. #2. Zihli	porote limits, write	c. LENGTH OF STAY IN 16		outside corporate limits, w	vrite RURAL and give		
d. NAME OF HOSPITAL (If not in OR INSTITUTION Prostburg	hospitol, give street		d. STREET ADDRESS Frostburg			e. IS RESIDENCE ON A FARM? YES NO	
NAME OF DECEASED (Type or print) And	First nie	Middle G •	Hows are	4. DATE OF DEATH	Month 9 24	Doy Yeor	
	OR RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 12/28/1880	9. AGE (In lost byth	yeors IF UNDER 1 YI	EAR IF UNDER 24 HRS	
Da. USUAL OCCUPATION (Give king Lifer, even HOUSEWITE)	d of work done 10b in if retired)	KIND OF BUSINESS OR INDU Own home	STRY 11. BIRTHPLACE (Stole Zihlman	or foreign country)		N OF WHAT COUNTR	
John Porter			Mahala C				
(et NO	RMED FORCES? 16		informant eanor Howse	re,R.D.#2	Address Box 172	Frostbu	
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFI 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE [IF ETHER, NOTIFY MEDICAL E	DUE TO (b) DUE TO (c) CANT CONDITIONS	CONTRIBUTING, TO DEATH BUT	The figher to your to the term	las Disias	L N GIVEN IN PART 1(4)	Senera years o) 19. Was autopsy PERFORMED? YES NO 19	
	OF DEATH	CRIBE HOW INJURY OCCURRE	(Enter noture of injury in	Port t or Port II of item 1	8.)		
20c. TIME OF INJURY Month, Hour o. m. p. m.	While		ACE OF INJURY (Home, form ctory, street, office bldg., etc	1, 20f. (City or town)	(Cour	nty) (Stote	
21. I certify that Vatter alive an Sept 2 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	9m /	the death	19.18, 10.56 n occurred as/2.1497/		ses and an the	t saw the deceas date stated above PATE SIGN	
REMOVAL (Specify) 9-2	7-58	Porter Ceme		22d. LOCATION (City, to Eckhart	own, ar county)	(Stote)	
B. H. Mortesant	Hafe	r Funeral Ho	ome	SEP 2 9 '58 246.	arthur &		



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	Z DIPALHOLDIS			
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THE RESERVE OF THE PROPERTY OF THE PERSON OF	TOTAL PLANT			
	or Alignmen			
			and the last of th	

executed

certificate be

copy of

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. certificate has been executed by the attending physician and completely filled in by the funeral director, the third condeath certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

TO ATTENDI

09687

CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED								
477 o mo mar			Was Man		477-						
COUNTY Allegany CITY (If outside corporete limits, write RURAL	LENGTH OF			ryland COUNTY				-			
OR end give neerest town)	(in this pl		OR			,					
TOWN Frostburg				nt Savage							
HOSPITAL OR INSTITUTION OR			STREET	(il rurel gi	va locetion)						
STREET ADDRESS Miners Hosp	ital		7								
3. NAME OF (First)	(Middle)		(Last)	4. DATE (Mo	nth)	(Day)	(Yea	ar)			
(Type or Print) William He	nmir Tmo			OF DEATH C	ept.	10.1	958				
5. SEX 6. COLOR OR 7. SINGLE, A	nry Ime	8. DATE C	F BIRTH	9. AGE lest birthdey			IIF UNDER	24 HR			
RACE WIDOWEL	, DIVORCED,	_			Months	Deys	Hours	Min.			
Male White Marr		Sept.	8,1903	55 yrs.				1			
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	. KIND OF BUSINESS OR INDUSTRY	5	11. BIRTHPLACE (State or f	oreign country)	11	COUN	TRY?	AT			
retired) Brakeman WM			Mt. Savage	e.Md.		USA					
3. FATHER'S NAME			14. MOTHER'S MAID								
William Henry Imes			Reheces	a Winfield							
5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECL	JRITY NO.	17. INFORMANT								
Yes, no, or unk.) (If Yes, give wer or detes of service)					204			36 -			
No I	Lost			ny G. Imes.	Mt.	Sav		MC			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	ATH , 18. MEE	DICAL CER	TIFICATION	. /			ET AND D				
001.1	(OA)	KIA	1 Kemp	Mall_		1.	Ken	1			
301 X IMMEDIATE CAUSE (A)		- Cac	1000	1			1				
ANTECEDENT CAUSE(S) DUE TO							/				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO											
STATING UNDERLYING CAUSE LAST. DUE TO											
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						-					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						100					
	NGS OF OPERATION	1				20	. AUTOPS	SX?			
						YES	☐ NO	点			
21a. ACCIDENT WAS UNDERLYING 21b. PLACE OR CONTRIBUTING CAUSE OF DEATH OF INJURY \$1 (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, fectory reet, office bldg., etc.		21c. WHERE DID INJURY OC	CUR? (City or town)	(Cou	nty)	(State	h			
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)	21e. INJURY OCCU		21f. HOW DID INJURY O	CUR?							
M.		while vork									
22. I hereby certify that I attended the	lacascad from S	064-10	1950, 10 5	11/10 , 1950	9 that 1	last say	the de	CBREE			
		// 6	2 (1.2)								
alive on 7 7 19 19 19 19 19 19 19 19 19 19 19 19 19	and that death	occurred at	AI	DRESS (Street, city, tov	oare state)		ATE SI	GNE			
114mm Min	0		L2 154	Luis W	11/1	114	-WI K	116			
23. BURIAL, CREMATION, DATE THEREOF	I NAME OF	M. D. CEMETERY OR	CEMATORY	LOCATION (City, tow	or count	gul	13/2 19	Stete)			
_REMOVAL (SPECIFY)			dist Cemete		age.	Md.	,	0.0107			
KIITTI SEDI.	A 1 A 1 B 1 B 1	BOAT NO	THE LEHELL	TIN AULUS DOLV	- C X 3						
		Me cho.			7						
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA CED 1 6 '58 Carthur S. Kun	TURE	Mecno	25 UNERAL DIRECTO		yndm	ADDRESS					

BI DROMITE S-HTIADE TO SIGNETRATED BY STE WEATTRANS SOUL, B. JEES ALELT ALL SEGMENT - Law Law Law Law County County and Call oney a late, and the property of the street of the street

VS A15 (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09688

	9	737	CERTIFIC	CATE OF I	DEATH	1		Reg. D	st. No		
1. PLACE OF E			MARYLAND	C STATE	Mary		lived. Il instituti b. COUNTY	anı Resider			sion)
b. CITY OR RURAL or Rural	TOWN (If outside carporate limited give nearest town) Dawson, Md.	its, write	c. LENGTH OF STAY IN 18	c. CITY OR		awson,	te limits, write R	URAL and	give ne	arest tow	1)
d. NAME O OR INST	F HOSPITAL (If not in hospital, partition Dawson, 1		address)	d. STREET		Dawson	, Md.				FARM?
3. NAME OF DECEASED (Type or pri	William	rst	Middle Edward	/ser	st	4. DATE OF DEATH	Septem		25°		Year 19 58
5. SEX Mal		7. MARI	RIED NEVER MARRIED ED DIVORCED	8. DATE OF BIRT		9	AGE (In years last buthday) O'3 yrs.	Months Months	Doys Doys	Hours	ER 24 HRS. Min.
10a. USUAL Oo during ma	CCUPATION (Give kind of work is of working life, even if retired Farmer	dane 10b.	KIND OF BUSINESS OR INI			or foreign cou ng inia	ntry)		TIZEN C		COUNTRY
13. FATHER'S N	ohn Iser			14. MOTHER'S	MAIDEN N						
15. WAS DECE Yes, no, or unkno	ASED EVER IN U. S. ARMED FOR wn)		SOCIAL SECURITY NO. 17	Jeonar Jeonar	d 1	See	Add	ress R. F. L	D. 3	- 40	w. V
gove ri cause (a) lying ca	ans, if ony, which se to immediate, stating the <u>under-</u> use last.)) :)	artenores	lons							1958
200. ACCI	II. OTHER SIGNIFICANT CON RELIGIOUS DENT WAS UNDERLYING TO RIBUTING TO CAUSE OF DEATH , NOTIFY MEDICAL EXAMINER)	Dane 120b. DES	cesara, on len	4				EN IN PA	RT 1(a) 1	PERFC	PRMED?
	OF INJURY Manth, Day, Ye r a. m. p. m. 19	While		PLACE OF INJURY factory, street, affic	(Hame, farm e bldg., etc.	, 20f. (City o	er tawn)	(Caunty)		(State)
21. I ce alive or actual signatui PHYSICIAI NAME (Ty	REN'S TCGi	19	sed from My Second that geo		4:49	AM, fram		and an I		te stat	
220. BURIAL, C			22c. NAME OF CEMETERY Dayton Cem				on (City, town, gany Co			(State	ylano
23. FUNERAL D	In Kotruck		ADDRESS Keyser, We	Va.		D BY REGISTR		STRAR'S SI		RE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3020 CEDTIEICATE OF DEATH

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SACRED HRART HOSPITAL Name of December Still St			200	J CERT	IFICAT	E OF DEA	VIII			Reg. D	ist. No.		
### COUNTY OF THE PRIVATE CONTRIBUTION OF THE PRIVATE OF TH	o. COUNTY	The state of the s		MAF		O. SIAIE			ved. If institution b. COUNTY			and the same	sion)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. NAME OF HOSPITAL (If not in hospitol, give street oddress) 3. MANNE OF DECEASED (Type or print) HARRY C. JOHNSON SECRET HOSPITAL 3. MANNE OF BECEASED (Type or print) HARRY C. JOHNSON SEPT. 13, 1886 SEPT. 15, 15, 15, 15, 15, 15, 15, 15, 15, 15,	b. CITY OR TOWN (RURAL and give n	If outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	(If outsic	de corporot	e limits, write R	URAL ond	give near	rest tow	n)
d. NAME OF HOSPITAL (If not in hospital), give sireer oddress) SECRED HEAPT HOSPITAL 3. NAME OF BOX SECRED HEAPT HOSPITAL 4. DATE OF BRTH DOY YOU NOT BE DEATH SECRET HOSPITAL 3. NAME OF BOX SECRED HEAPT HOSPITAL 3. NAME OF BOX SECRED HEAPT HOSPITAL 4. DATE OF BRTH SEPT. 15, 11 15. SEX ALE WIDOWED DIVER MARRIED NEVER	CUMI	BERLAND			ars	X RT. 2.	HTM	KLE R	D. CITY	- CUN	BERI	AND	. MD.
3. MANE OF DECEASED (Type or print) HARRY C. JOHNSON DEATH SEPT. 15, 15 S. SEX MALE WHITE WOOVED DIVOKED DIVOKED BIRTH SEPT. 13, 1886 SEP	OK INSTITUTION											. IS RE	SIDENCE A FARM?
DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH SEPT 15, 11							F.					TES L	
S. SEX A. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in year lift) UNDER YEAR IF UNDER YEAR IN THE YEAR IF UNDER YEAR IN THE YEAR IN THE YEAR IN THE YEAR IN THE YEAR IF UNDER YEAR IN THE YEAR IN T	DECEASED			Midd				OF		th	Day		Year
MALE WHTTE WIDOWED DIVORCED SEPT. 13,1886 Outs Sinhard Months Days Hours 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Work Hotel PA. 12. CITIZEN OF WHAT (U.S. A. A. MED FORCES? TYR. N. O. S. A. A. MED FORCES? TYR. N. O. OF WASHINGTON, OR OF WASHINGTON,				C.		O RESTRICTED TO SEC.			1000000	e lie e	15,		15195
Maintenance work Maintenance work Maintenance work Motel PA. U.S.A. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT YES 16. SOCIAL SECURITY NO. 17. INFORMANT Address 24.4-05-7334 SON DAVID, 309 COLUMBIA ST. CUMBERLAND, M. 18. CAUSE OF DEATH [Enter only one couse per line fof(lo), (b), and (c).] PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate couse (c), stoling the under lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AN PERFOR YES CONTRIBUTING CONTRIBUTION	24477						1886	9.	last birthday)		-		Min.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 21. MOTHER'S MAIDEN NAME 22. MOTHER'S MAIDEN NAME 23. MOTHER'S MAIDEN NAME 24. MOTHER'S MAIDEN NAME 25. MOTHER'S MAIDEN NAME 26. SOCIAL SECURITY NO. 17. INFORMANT Address 27. MOTHER'S MAIDEN NAME 28. MOTHER'S MAIDEN NAME 29. MOTHER'S MAIDEN NAME 29. MOTHER'S MAIDEN NAME 20. CAUSE OF DEATH (Enter only one couse per line for flot), (b), and (c). INTERVAL BET	during most of wor	king life, even if refired	3)		OR INDUSTRY		State or fo	oreign coun	try)				COUNTRY
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT YES 18. CAUSE OF DEATH [Enter only one couse per line [pr](o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gover is to immediate couse (o), stoling the under Uying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFORMENT OF THE NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 21. I certify that I attended the deceased fram 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		dice work	-	Hoger	1.		ENI NIAMI	5			J.O.A		
It yes, give wor or date of service)		2				?	EN NAMI						
Son David, 309 Columbia St. Cumberland, Mediate of service) 214-05-7334 Son David, 309 Columbia St. Cumberland, Mediate Cause of Death [Enter only one couse per line for [(o), (b), and (c).]	IS. WAS DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY N	O. 17. INFO	RMANT			Addr	PALL			
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (6)	(Yes, no, or unknown)						109 C	OLUMB			ERLAI	D,	MD.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	Conditions, if o gave rise to i cause (o), stating lying cause lost.	ny, which mmediate the under-	b)	My oca-	eine	Dege	ERMINAL	Henri DISEASE C	ONDITION GIV	EN IN PAI	RT 1(o) 19	. WAS PERFC	AUTOPSY DRMED?
21. I certify that I attended the deceased fram 9/2, 1958, ta 9/15, 1958, that I last saw the dalive an 9/15, 1958, and that death accurred at 5:50 f. M., fram the causes and an the date stated ADDRESS (Street, city or town, state) ACTUAL SIGNATURE SEE O 14. LEY JR Cumberland Find 20. BURNATON 12th DATE THEOREM.		CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED. (E	nter noture of injury	y in Port	I or Port II	of item 18.)			YES [_	NO
actual Signature LEO IX. LEY JR Cumberland Ford. 20 PHYSICIAN'S NAME (Type) 20 PHYSICIAN SPENATION 20 PART THEREOF 20 PHYSICIAN SPENATION 20 PHYSICIAN SPENATION SPENATION 20 PHYSICIAN SPENATION SP	Y 20c. TIME OF INJUR Hour o. m. p. m.		While	Not while	20e. PLACE factory,	OF INJURY (Home, street, office bldg.,	form, 2 , etc.)	Of. (City or	town)		County)		(State)
	actual SIGNATURE PHYSICIAN'S NAME (Type)	9/15 LEO 14.	19 J	, and tha	M.D.	Curred at 3: 5	ADD N nher	RESS (Stree /. C lan	he causes a t, city or town, entre	ind an 1	last say	w the state	ed abave
Burial (Specify) Sept.; 8, 1958 Eckhart Cemetery Eckhart, Md. 23. FUNERAL DIRECTOR'S SIGNATURE Byron Kight Cumberland, Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 1 8 '58 Outland S. Transparent	23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24a. I	REC'D BY	Eckh	art, M	id.			

TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DI TOR: After this certificate has been signed by the ottending physician and campletely filled in property director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages? Pages 1 and 2 should be filled with the registror prior to burial, cremation, or remayal, and in any event within 72 hours after death. may be retaine TO FUNERAL DI VS A15 (4) 15M 10/57

A CONTRACTOR OF THE PARTY OF TH The state of the s TENDE .ale .am Edelmard The State 17th

THE RESERVE Charleton Liberal Laboratory Co. The State of the S the cartification in the second of the secon The late of the la Let the first strong to be seen as well in

FOR STATE HEALTH DEPT. s necessary, please TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is reexecute the cartificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 shauld be warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Statist or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

execute the carificate, writing the ward "pending" in pencil in Item 18. Give Pages 1 4 shauld be warded to the Chief Medical Examiner's Office along with form PM3. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		()	9	6	9	1
en	Dist	No				

3001	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Allegany MARYLAND	o. STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest form)	c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)
Cumberland hours	02. Cumberland
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
401 Virginia Ave.	229 Emily St.
3. NAME OF First Middle (Type or print) Marie Lookabaugh	Jones 4. DATE Month Day Year Jones DEATH Sept. West 9 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	I. DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	6-10-1896 62 yrs. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Home	(RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Cumberland, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Lookabaugh	Mary Houck
	NFORMANT Address
no M	rs. Rose Landis, Cumberland, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Intracanial Her	INTERVAL BETWEEN ONSET AND DEATH DEATH DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH D
200	morrhage 20 Min.
Conditions, if ony, which) (b) Skull Fracture	
gave rise to immediate cause	
(a), stating the underlying DUE TO . (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 Coronary Sclerosis,	Marked YES NO [
CAUSE OF DEATH. Fell down ste	Enter nature of injury in Part I or Part II of item 18.)
Hour 4. 9/9/58 While Not while factor	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	Home Cumberland, Alleg, Md.
21. I certify that I took charge of the remains described about opinion death resulted from: Natural causes . Accident	
2 14/0'- 11	DATE SIGNED
SIGNATURE Devedict Sketarelic	_M.D. CHIEF MEDICAL EXAMINER _
EXAMINER'S	ASSISTANT MEDICAL EXAMINER
NAME (Type) Benedict Skitarelic, M.D.	DEPUTY MEDICAL EXAMINER Sept. 9, 1958
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
Burial 9-12-58 St. Patric	k Cemetery Cumberland, Md.
23. FUNERAL DIRECTOR'S SIGNATURE . ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
James F. Scarpelli, Cumberland, M	id. DATE SEP 1 5 '58 Contag & Hanna

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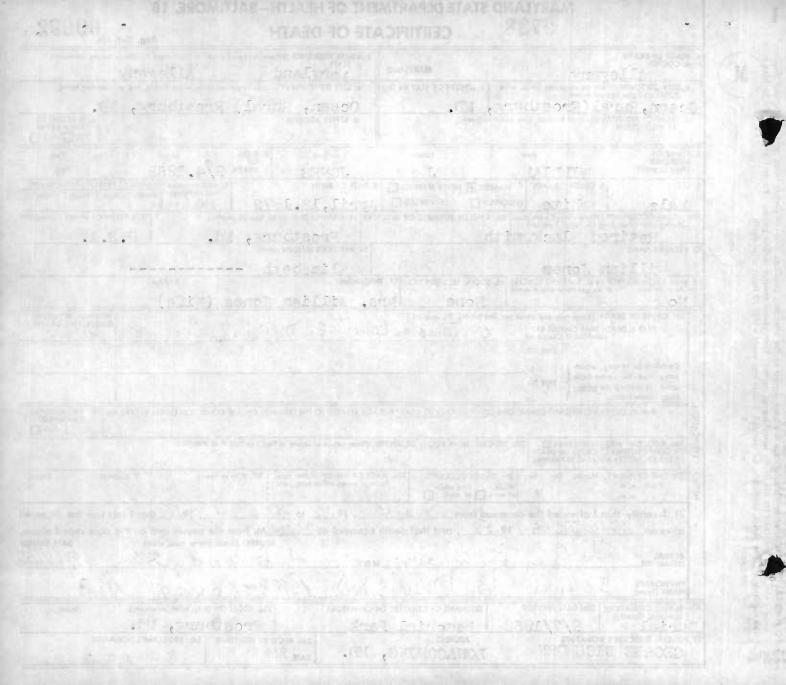
VS A1S (4) 1SM 9/S5

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
9738	CEDTIEICATE	OF	DEATH	

738	CERTIFICATE	OF	DEATH

- 09692 Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Alle	gany		MARYLA	- (1	o. STATE	pence (who		l lived. If institution b. COUNTY	on: Resident		nission)
	b. CITY OR TOWN (If RURAL and give nee	outside corporate limi	ts, write	c. LENGTH OF STAY IN	1ь				rote limits, write R			own)
0	cean Rur	40 /	ourg	MD.		Ocear	n. Ru	ral)	Frostb	urg.	MD.	
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspitol, g	ive street	address)		d. STREET A	DDRESS				10	RESIDENCE N A FARM? NO
3.	NAME OF DECEASED	Fii	st	Middle		las	1	4. DATE OF	Mon	th	Day	Year
	(Type or print)	WILLIA	VI	J		JONE	25	DEATH	9/4.19	58	1.03	19
S. :	SEX	6. COLOR OR RACE	7. MARI	RIED MEVER MARRIED	□ B.	DATE OF BIRTI	н		9. AGE (In years lost birthday)			NDER 24 HRS.
	Male	White	WIDOW	ED DIVORCED		pril,	13.18	72	86 yrs.	Months	Doys Hou	rs Min.
10a	. USUAL OCCUPATION during most of working	N (Give kind of warking life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (Stote o	or foreign co	ountry)	12. CIT	ZEN OF WH	IAT COUNTRY?
L		ed Black		h		Fre	ostbu	rg. 1	vd.	U.	S.A.	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	Willia	m Jones				Elia	zabet	h				
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	ORMANT	97.		Addi	ress		
	No			None	Mrs	will	Liam	Jones	(Wife)		
	PART I. DEAT	H WAS CAUSED BY:)	ne for (o), (b), and (c).]	clo	voteć	- 79	lear	V dese	ase	ONSETA	BETWEEN ND DEATH
	420.0	DUE TO	•								0	
	Conditions, if an	mediate										
	catse (a), stating t											
z	lying couse last.	ED SIGNIFICANT CON		CONTRIBUTING TO DEAT	ABUTA	OT BELLTED TO	THE TERMS	LAL DICEACE	COMPINAL		1 10 144	ALITOREY
CERTIFICATION										EN IN PAKI	PEF	RFORMED?
3 .	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature o	of injury in P	ort I or Port	II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	20d. II While at wor	Nat while	PLAC focto	E OF INJURY I	Home, farm, e bldg., etc.)	20f. (City	or town)	(0	County)	(Stote)
	21. I certify the	at I attended the	deceas	1	eath o	19 /2	7:04A	M, from	4 , 1955 the causes of			ne deceased ated abave.
	ACTUAL SIGNATURE	Folia	B	, Davi	a M.	D	2	BRESS (SI	reet, city or town,	stote) AY		PATE/SIGNED
	PHYSICIAN'S NAME (Type)	John	j	3. DAU	is,	24D,	FR	057	6 4Rg	,	md	1
220	BURIAL, CREMATION	N. 226. DATE THEREC)F	22c. NAME OF CEMETE	RY OR	CREMATORY		22d. LOCAT	ION (City, town,	or county)	(5	itote)
B	urial	9/7/19	958	Memorial	Pa	rk		Fros	stburg.	Md.	150	
23.	GEORGE E	SIGNATURE ICHHORN		ADDRESS LONACON IN	G,	MD.	24a. REC'D	BY REGIST	20	other &		
_							1			10.	/ MAUA	



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The state of the s	HTAHO HO BY BYACHERED CARE OF DEATH

funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 JOR: After this certificate has been signed by the attending physician and campletely filled in Then please remove corban papers. Pages 1 event within 72 hours ofter death. priar to buriol, crematian, ar removal, and in any be detoched for use as the burial-tronsit by the haspitol or attending physician TO FUNERAL D page 3 should the registrar pr VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9730 CERTIFICATE OF DEATH

09693

		.00							Reg. Dist	. No.	
1. PLACE OF DEATH a. COUNTY	Allegany		MARYLAN	- 11	a. STATE	ence (Whe		lived. If institut b. COUNTY		before o	
b. CITY OR TOWN RURAL and give RAW11118		, write	c. LENGTH OF STAY IN	1b		OWN (If au		rate timits, write f			
d. NAME OF HOSP OR INSTITUTION Dier I		re street i	address)	1	d. STREET AD Bier					- (IS RESIDENCE ON A FARM? 'ES NO
3. NAME OF DECEASED (Type or print)	First Vernon		Middle Clealean		lost iller		4. DATE OF DEATH	Sept.	oth	Doy 15.	Year 19 58
5. SEX Male	White	WIDOWE] M:	ay 28,			9. AGE (In years lost bythday) yrs.			UNDER 24 HRS.
Retired C	ION (Give kind of work do rking life, even if retired) onductor		KIND OF BUSINESS OR IF	NDUSTRY			or foreign co			EN OF V	A.
13. FATHER'S NAME				14	. MOTHER'S A	AAIDEN NA	AME				
	I. Liller					isha	Black	burn			
(Yes, no. or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or dates of sen			Mrs.		Smith	Raw1	ings, Ma		1	
26 ACCIDENT WORK CONTRIBUTION	immediate 1 the under- 2 the under- 3 the under- 4 (c) (c) (c) (AS UNDERLYING G G CAUSE OF DEATH 4 MEDICAL EXAMINER)	Ob. DESC	ONTRIBUTING TO DEATH	rst	ne	7	-3.	yea	VEN IN PART I	P	WAS AUTOPSY PERFORMED?
20c. TIME OF INJU Hour a. m. p. m.	RY Manth, Day, Year 19	20d. IN While at work	Nat while	PLACE (factory,	OF INJURY (Ho street, affice b	ome, farm, oldg., etc.)	20f. (City	ar tawn)	(Co	unty)	(State)
21. I certify to alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Blaine M. S	12.S	J, and that de	M.D.	43	Gree	M, fram	the causes of reet, city or town,	and an the	st saw date :	the deceased stated above DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 22b. DATE THEREOF 9/18/58		22c. NAME OF CEMETER Biertown C					ION (City, town, o			(State)
23. FUNERAL DIRECTOR Charle		Cun	ADDRESS aberland, Mai		2	40. REC'D	BY REGISTI	RAR 24b. REGI	STRAR'S SIGN		

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Page 4	d with	M	Y
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	TO FUNERAL DE GOODS. After this certificate has been signed by the attending physician and completely filled in the funeral director. So physician and completely filled in the funeral director, the followith the following the		
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ed with!	pletely ers. Pog		
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ficate b	nysician lave carl		
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low req	been signal-tronsit		-
NN: The	cote hos		0
HYSICIA	is certification of		
DING P	After the		
ATTEN	CTOR:		
ITAL OF	RAL D		
O HOSP	Indy be retained by the hospital or alreading physician. O FUNERAL ID ECTOR: After this certificate has been signed by the attending physician and compage 3 shaped as 6 detected for use as the burial-transit permit. Then please remove carbon page the equipment principle to burial cremonal and in any event within 72 hours after death.	n 3	
VS 15	A1S (4) M 9/S5	3	3

9689	CERTIFICA	TIE OI DEATH		Reg. Dist. No	•
1. PLACE OF DEATH O. COUNTY A LLEGANY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAND	ere deceased lived. If ins b. COU		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, wr	ite RURAL and give ne	arest town)
CUMBERLAND d. NAME OF HOSPITAL (If not in hospitol, give street o		d. STREET ADDRESS	NO		e. IS RESIDENCE
OR INSTITUTION MEMORIAL HOSPITA		164 BEDFOR	D STREET		ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) PFTFR	Middle	LONCARE VICH	4. DATE OF DEATH S	Month De EPTEMBER 2 st	
		8-14-1888	9, AGE (In y lost birthd 70	POTS IF UNDER 1 YEAR	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track Maintanence I	KIND OF BUSINESS OR INDUS	STRY 11, BIRTHPLACE (Stole of YUGGOSL		12. CITIZEN O	OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
LONCAREVICH, KODOX Teod	or	XXXVINE COOKS	OPPOX Kru	nic, Sofi	ja
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. (Yes. no. or unknown) (If yes, give war or dates of service) 70 IB. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 145.7 DUE TO Conditions, if ony, which gove rise to immediate couse (o), storing the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS C	5 07 6677 M e for (o). (b). and (c).] RCINOMA, L	EFT TON	SICLAR 7	PILLAR	ERVAL BETWEEN SET AND DEATH Z S 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18	i.)	PERFORMED? YES NO
	Not while for	ACE OF INJURY (Home, form, tory, street, office bldg., etc.		(County)	(Stote)
21. I certify that I attended the decease alive an SEPT 25, 19 S ACTUAL SIGNATURE PHYSICIAN'S DR. FRANK CAWLEY	8, and that death	n.D. 19 .5 C, to accurred at 6:45P			
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BUT 181 Sept . 29, 1958	22c. NAME OF CEMETERY O	R CREMATORY Cemetery	22d. LOCATION (City, to Cumberla:	nd, Md.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Byron Kight Cumber	ADDRESS rland, Maryl		BY REGISTRAR 24b.	Colling S. 46	

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18271 2 STOTORS FOR	TATINGS LAND SINGLE
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option of the state of the stat	Secretary and Se

22d. LOCATION (City, town, or county)

(Stote)

24b. REGISTRAR'S SIGNATURE

		ADRIES		
Verself A	STATE OF THE PARTY		Allegany	
	brainedmus.		Dan Prio	
	empeya marana 209	groundled to	al La many Count	
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			rading of Arts 12	. a 10,41

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 9691 Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Filed b. COUNTY MARYLAND Allegany Allegany eral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) P Cumberland Cumberaand d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Windsor Hotel YES NO THE Baltimore St Sacred Heart Hospital 0 3. NAME OF First 4. DATE Middle Month Year DECEASED (Type or print) DEATH 19 58 Henry Luteman 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours WIDOWED 🔀 DIVORCED Male 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INC (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS mgAt of working life, even if retired) 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addre CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) Hour 0. m While Not while of work at work p. m. 21. I certify, that I attended the deceased fram that I last saw the deceased alive an and that death occurred at_____ __M, from the causes and an the date stated above. ADDRESS (Street, city DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATOR **JOCATION** town, or county) page (Stote) 10 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REOD BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Civina & Traus 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 9740 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY Allegany b. COUNTY MARYLAND Maryland Allegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give nearest town) Route 3 Keyser. W. Va. Route Route 3 Keyser, W. Va. d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Route 3 Keyser, W. Va. Route 3 Keyser. YES NOT NAME OF Middle Month Day Year DECEASED Ervin (Type or print) Mace DEATH Sept. 22 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthdoy) Months Days White Sept. 23, 1890 WIDOWED DIVORCED T papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during mast of working life, even if retired) Allegany Ballistics W. Va. 12. CITIZEN OF WHAT COUNTRY? Allegany Ballistics W. Va. U.S. carbon 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Benjamin Mace Hannah Ours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no. or unknown) Route 3 Keyser, W. Va. Carl Mace 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to -12 58 **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work ot work p. m 1938, that I last saw the deceased 21. I certify that I attended the deceased fram. , and that death accurred at 5120 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Meadow Point Kevser W. Va. 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR VS A15 (4) Cirilmon & Heard Westernport. Md DATE SEP 2 5 '58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CA	ATE OF DEATH	1		R	eg. D	ist. N		096	59	8
NO	2. USUAL RESIDENCE (Who o. STATE		d lived. If institution b. COUNTY	on ₄		ence be			ion)	
1Ь	c. CITY OR TOWN (If o		rote limits, write RI	UR/)	
	02 Cumber	land.	Md.							
	d. STREET ADDRESS						1	. IS RES		
	328 Fayette	St.						ON A		
1	Lost ACFARLANE	4. DATE OF DEATH	Mon Se		. :		Do		reor	58
7	8. DATE OF BIRTH		9. AGE (In years last birthday)				$\overline{}$	IF UND		-
]	12/33- 12/23	3/95	62 yrs.	M	anths	Day	8	Hours	M	in.
NDU:	STRY 11. BIRTHPLACE (Stole	or foreign c	auntry)	-	73.4			F WHAT	COU	NTRY?
	Marylan				I.	S.	A,			
	14. MOTHER'S MAIDEN N		0 1							
17 1	Elizabe	tn L.	Grant							
17. 1		Fa + 5a			M.	a				
	Memorial Hos	DITET.	Cumberra	110	i Pie		ITE	RVAL BE	T\A/EE	NI
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BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN	IN PA	RT 1(0) 15	PERFO YES []	NO	13 X
URRE	D. (Enter nature of injury in I	Port 1 or Por	t II of item 18.)							
	ACE OF INJURY (Hame, form ctory, street, office bldg., etc.		or town)			(Cauni	ly)	0	(S	tote)
	, 1957, to occurred of 10.10	ADDRESS (S	n the couses a treet, city or town,	nd	on			e state	d a	
RY O	R CREMATORY	22d. LOCA	TION (City, town, o	or c	ounty)			(Stot	e)	

A DEC. A RESIDENCE OF THE PARTY AS ADDINGS NO. 1 . June 1988 St. Bandan J. Chi. W. . No complete the contract of the contract the bull out the said the to remain the second of the second of the second of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9693 **CERTIFICATE OF DEATH**

#9699

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Allegany MARYLAND Maryland Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

	erland	8/18/58	10%	154 Bealor	d Street,	Cumberland
d. NAME OF HOSE OR INSTITUTION	Allegany C	ive street oddress) ounty Infirm	nary d. STREET A	odress Cumberland	, Md.	•. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Flor	ence Edit		OF	Month September	Day Year 1958
Female		7. MARRIED NEVER MARR	/ /0 /2 0		GE (In years of UNDE of birthdey) Months 72 yrs.	R 1 YEAR IF UNDER 24 HRS Days Hours Min.
Oo. USUAL OCCUPAT during most of wo Retired 3. FATHER'S NAME	orking life, even if retired)	done 10b. KIND OF BUSINESS or Nurse	Mary			TIZEN OF WHAT COUNTE
	Robert Ma	rtin	Bar	bara Fetter	es	
S. WAS DECEASED EV	VER IN U. S. ARMED FORG	CES? 16. SOCIAL SECURITY NO NONE	I.	O.Box 599 y County I		umberland, Records
	EATH [Enter only one con EATH WAS CAUSED BY:	use per line for (o), (b), and (c)	H Ch	1,1-		INTERVAL BETWEEN ONSET AND DEATH
5927 Conditions, if	DUE TO	berelo	ral ar	teriosol	Perosio	. ?
5927	Ony, which immediate g the under. (b)	berele	ral ar	teriosol eptriti	Perosio	. ?
Canditions, if gave rise to couse (a), stoting lying couse lost PART II. O	ony, which immediate g the under: (b) DUE TO DUE TO DUE TO (c)	berele	ral ars	teriosol ephriti the TERMINAL DISEASE CO	Certosco S INDITION GIVEN IN PAI	RT 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 19
Canditions, if gave rise to couse (a), stoting lying couse lost PART II. O' 20a. ACCIDENT W OR CONTRIBUTIN	ony, which immediate (b) DUE TO OTHER SIGNIFICANT CONE	Chrese DITIONS CONTRIBUTING TO DE	· NOC.	ase		PERFORMED?

49 Greene Street alless 6. 1 h Leasto 9/8/58

PHYSICIAN'S NAME (Type) Dr. James E. McLean Cumberland, Maryland

220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

REMOVAL (Specify) Sept9 1958 Rose Hill Cemetery Cumberland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Byron Kight Cumberland, Md. SEP 1 1 '58 arthur S. Kraus

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BENTLE BOTHERS	Marcha No. Se		soneref'i	
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	62/3/2 m m m m m m m m m m m m m m m m m m m	3/21/5		d Y
ERXEVA		Z/E1/E	1	
E2\E\#	62/3/2 m m m m m m m m m m m m m m m m m m m	Z/E1/E	1	The second second

may be retained by the hospital or attending page 3 shapes be detached for use as the burial the registral prior to burial, cremation, or remains	
VS A1S (4) 1SM 9/SS	B.

	9723	CERTIFICA	ATE OF DEATI	H	Reg. Dist. No.
. PLACE OF DEATH	llegany	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institut b. COUNTY	rion: Residence before admission) Y Allegany
b. CITY OR TOW RURAL and giv Frostbu	N (If outside carporate limits, write e nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		RURAL and give nearest town)
OR INSTITUTION	SPITAL (If not in hospital, give stree ON Hospital	oddress) .	d. STREET ADDRESS		e. 1s residence on a farm? yes \(\) no \(\)
3. NAME OF DECEASED (Type or print)	First William	Middle Bernard Mc	Connell	4. DATE Mo OF DEATH Sept	nth Day Yeor 21 19 58
s. sex Male	White widow	VED DIVORCED	8. DATE OF BIRTH Oct. 7, 1884	9. AGE (In years last birthday) 73 yrs.	
October 1997 Supt. Main	ATION (Give kind of work done low working lile, even it retired) tance	ail-road	STRY 11. BIRTHPLACE (Stote Barton, N		U.S.A.
James M	cConnell		Ann Showal		
5. WAS DECEASED (Yes, no. or unknown) NO	[If yes, give war or dates of service]		NFORMANT Irs. W.B. McCo	onnell-Barton,	dress Md.
Conditions, is gove rise to couse (o), stot lying couse IC	immediate DUE TO	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease condition GI	VEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?, YES NO D
PART II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NOI Hour o.	WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port 1 or Port II of item 18.}	
20c. TIME OF IN Hour o. p.	m. While		ACE OF INJURY (Home, form ctory, street, office bldg., etc	n, 20f. (City or town)	(County) (State
21. I certify alive on	that I attended the deced Syst. 20, 19	10	20, 1958, to 3 accurred at 8224		A, that I last saw the decea and an the date stated abo (, stote) DATY SIGN
BUYELCIANUE	2047	5. DAUIS,	MD. FR	03764R	9 , ma,
PHYSICIAN'S NAME (Type) 20. BURIAL, CREMA REMOVAL (Spec Burial	TION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	or county) (Stote)

Later Card	HTARE TO	CERTIFICATE	
		A Sport and	
	THE PROPERTY . T. S.		
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			an adjusted in the property of
			militarios de la companiona della companiona della companiona della companiona della compan

. IS RESIDENCE ON A FARM? YES NOT

1958

09701 Reg. Dist. No.

Allegany

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19

6. COLOR OR RACE 17. MARRIED NEVER MARRIEDA B.		INDER I TEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	7/5/1874. lost birthday) Mo	onths Days Hours Min.
o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired-Real Estate Owner Real-Est	atCumberland, Maryland	U. S. A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John D. McEvoy	Catherine Gramlich	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF 17. INF NO. A 1	legany County Infirmary	Cumberland, Md
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	16gany Councy Intimaty	
PART I. DEATH WAS CAUSED BY:	h h e - '	ONSET AND DEATH
1420, / DUE TO	1 theeroace	
	My occapile.	
gave rise to immediate	100 y 10 compacty	
couse (o), stoting the <u>under-lying</u> DUE TO lying couse lost.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	AL PART 1/01/19 WAS ALITOPSY
The second secon	OF REAL TO THE PERMITARE DISEASE CONDITION GIVEN	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of item 18.)	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 20f. (City or town)	(County) (State)
Hour o. m. p. m. 19 While Not while focto of work at work	ry, street, office bldg., etc.)	
21. I certify that I attended the deceased fram 8/6/58	10 40 9/19/58 10 45	- 4 1 1 - 4 - 41 - 1
	accurred at : OOA M, fram the causes and	
dive dir. 12, and mar dealn a	ADDRESS (Street, city or town, stote	
ACTUAL MALL AND	b. 49 Greene St.	9/19/58
SIGNATURE M.		
PHYSICIAN'S Dr. Lee B. Mathews	Cumberland, Md.	
BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) O (CO) (CO)	CREMATORY 22d. LOCATION (City, town, or co	unty) (State)
Burial 9/22/58 S. S. Peter &	Paul's Cumberland, Ma	ryland
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRA	R'S SIGNATURE
Charles L. George Cumberland, Md.	DATE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

\$1. 		OPHORES REPORTED TO SERVICE AND ADDRESS OF THE PARTY OF T	
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		Surface Tenna 8/6/50	
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	7/6/2870	mines of parameters of the plant	
4 > 4	that you take the teaching in	u-lum, rossu platar laga-berid	
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	rame Ind. grand Vaporol.		
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	Sunbortand, Ind.	Physical Land 1 20 1	
	t concession of accompany		

VS A15 (4) 15M 10/S7

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
9695	, (CERTIFICATE	OF	DEATH	D

09702 Reg. Dist. No.

		000						wad. Dis	1. 140.	
1. PLACE OF DEATH o. COUNTY Leg	any		MARY		USUAL RESIDENCE (W. o. STATE Mary		d lived. If instituti b. COUNTY		e before o	
b. CITY OR TOWN RURAL and give Cumber	(If autside carporate limits, nearest town)	write	c. LENGTH OF STAY I		c. CITY OR TOWN (IF	outside corpo erlan		URAL and g	ive nearest	tawn)
OR INSTITUTION	PITAL (If not in haspital, given the lattop Driven)		oddress)		d. STREET ADDRESS 715 H	Hillt	op Driv	е		S RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Sarah		Middle Ann		llott	4. DATE OF DEATH	Mor 9	oth	Day 9	Year 19 58
s. sex Female	White	MARRI		-	DATE OF BIRTH	L	9. AGE (In years last birthday) 86 yrs.	-		UNDER 24 HRS.
10a. USUAL OCCUPAT during most of we Housew	TION (Give kind af wark da arking life, even if retired) "ITE		own Home	R INDUSTR'	Orleans			12. CITI	ZEN OF W	HAT COUNTRY
13. FATHER'S NAME James	W. Clay				4. MOTHER'S MAIDEN I		nn Fitz	patri	ck	
	VER IN U. S. ARMED FORCE	rice)	SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress		
Canditians, if gave rise to cause (a), statin-lying cause last	g the under DUE TO	4			tic C-Z				PI	VAS AUTOPSY ERFORMED?
200. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING 21 IG CAUSE OF DEATH FY MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OC	CURRED. (inter nature of injury in	Part I ar Par	rt II of item 18.)		12.	, LI NO LI
20c. TIME OF INJU Haur a. m p. m	10	While	JURY OCCURRED Nat while at work	20e. PLACE factor	OF INJURY (Home, form r, street, office bldg., etc	n, 20f. (City	y or town)	(Co	ounty)	(State)
21. I certify olive on	May 20. Dr. Clay I	, 19 5	Surre	deoth or	curred ot	M, from	n the couses of treet, city ar town.	and on the		
	ION, 22b. DATE THEREOF		22c. NAME OF CEME Hilleres			-	TION (City, town,		,	(State)
23. FUNERAL DIRECTO	ers signature Scarpell:	i,Cu	ADDRESS		24a. REC'	D BY REGIST	TRAR 24b. REGI	STRAR'S SIGN	NATURE	

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a l'accompany de la company de la company La company de la company de

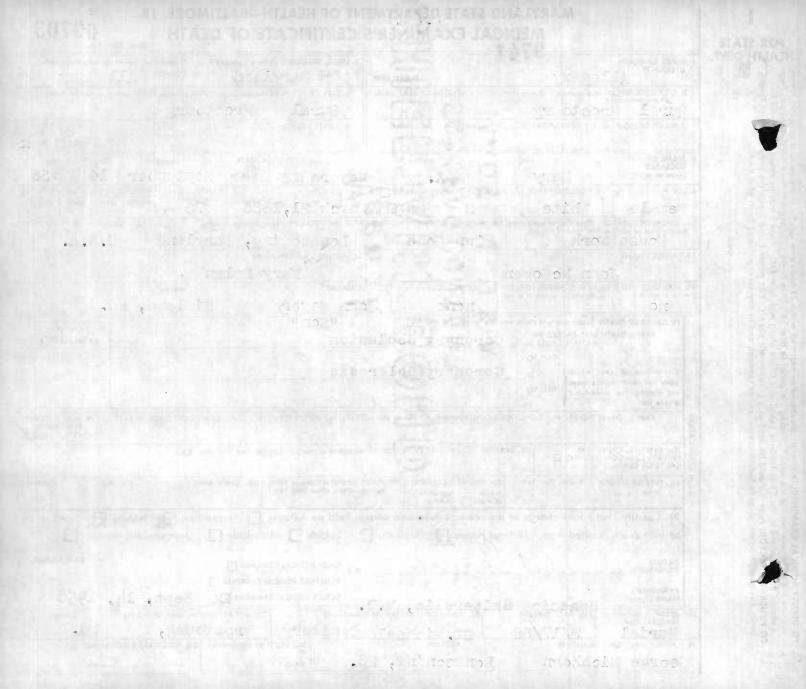
FOR STATE HEALTH DEPT. necessary, please at director. Page r your files. 00 TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is nexecute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State, or its designated agent, prior to burial, cremation, ar removal, and in any event within 22 hours after death. I VS. A15ME 5M 2/57

MARYLAND ST.	ATE DEPARTME	NT OF HEALTH-	-BALTIMORE,	18
MEDICAL 9774	EXAMINER'S	CERTIFICATE	OF DEATH	Re

09703

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY O. STATE DEATH					sed lived. If institu							
l '	AL	Legany		MARYLAND	No STATE Maryland b. COUNTY Allegany							
t	o. CITY OR TOWN (If	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 16		CITY OR TOWN	If outside con	rporate limits, write	RURAL and	give ne	eorest to	wn)
13		rostburg			1X	Rural	Fre	stburg				
-	. NAME OF HOSPITA	L OR INSTITUTION	If not in h	ospitol, give street oddress)	9	STREET ADDRESS						ESIDENCE
				- a 5	/							A FARM?
	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mont	h	Day	Y	fear
	(Type or print)	Mary		A.	Me:	yers	OF DEATH	Septem	ber	14	1	958
5. 5	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. DATE	OF BIRTH		9. AGE In years ast birthday	IFUNDER	-		ER 24 HRS
]	Temale	White	WIDOW	PED DIVORCED	Ma.	rch 21,1	1885	73 yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind of work glife, even if retired)	done 10b.	KIND OF BUSINESS OR INDU	STRY 1	. BIRTHPLACE (Stot	e or foreign	country)	12. CITI	ZEN OF	F WHAT	COUNTRY
1		Work		Own Home		Lonaconi	ing, I	Maryland	1	U.S	. A.	
13.	FATHER'S NAME				14. /	MOTHER'S MAIDEN	NAME					
	Jo	ohn McGow	an			Mar	y No.	lan -				
		R IN U. S. ARMED FO		6. SOCIAL SECURITY NO. 17.	INFOR	TANK		Address				
'	no	in yes, give wor or outer or		none	Joh	n Meyers	3	Midlar	id, M	d.		
	18. CAUSE OF DEAT	H [Enter only one co	use per lin	ne for (o), (b), and (c).]		"Son"				INTER	VAL BETWE	EEN
	PART I. DEAT	H WAS CAUSED BY:	Co	oronary Occl	usi	on					udd	
	420.	/ DUE TO	-									
	Conditions, if or		Co	oronary Scle	ros	is						
	gove rise to immed	> DUE TO		V								
	(o), stoting the u	(c)		1							
3	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RE	LATED TO THE TERM	WINAL DISEAS	SE CONDITION GIV	EN IN PART	1(0) 15		
13										Y	res 🗍	RMEDS
CERTIFICATION	20a. EXTERNAL CAU	SE WAS	b. DESCR	IBE HOW INJURY OCCURRED.	(Enter n	oture of injury in Po	art I or Port I	l of item 18.)				
	CAUSE OF DEATH.											
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye		i i	ACE OF	INJURY (Home, for	m, 20f. (Cit	y or town)	(Cou	inty)		(State)
MEC	Hour e. m. p. m.	19	ot s	work al work	,,							
	21. I certify th	at I taak charge	of the	remains described ab	ove, I	held on Autop	sy 🔲 . !	nspection V	Inquir	y Ck	on	d in my
	opinion death	resulted from:	Naturol	causes Accident		Suicide [],	Homicide	, Undete	rmined n	nonne	r 🗆	
		7 ,	46									
	ACTUAL SIGNATURE	Levedic	131	citarely	M.D	CHIEF MEDICAL	EXAMINER []			DATE S	IGNED
	PVA LUIAIPAIA					ASSISTANT MEDI	CAL EXAMIN	ER 🗀				
	EXAMINER'S NAME (Type)	Benediat	- S1-	itarelic. M.	n_	DEPUTY MEDICAL	EXAMINER]	XX Sept	t. 14	., 1	1958	
220	BURIAL, CREMATIO REMOVAL (Specify)	N. 226. DATE THERE	OF I	22c. NAME OF CEMETERY O	R CREM	ATORY	22d. LOC/	TION (City, town,	or county)		(State	
	Burial	9/17/5	8	St. Michael	s C	emetery	Fre	ostburg,		M	d.	
	FUNERAL DIRECTOR			ADDRESS		240. REC	D BY REGIS		STRAR'S SIG		_	
(George E:	ichhorn]	Lonaconing,	Md.	DATE	P 1 6 5	8 Chi	hun 8. 1	Trans	1	
9							-					



	9	696	CERTIFICA	ATE OF DEAT	Н		Reg. Dist. N	0.	
1. PLACE OF DEATH o. COUNTY ALL	EGANY		MARYLAND	2. USUAL RESIDENCE (W. S. SIATE MARYLAN	here deceased lived. D	If institution	ni Residence be LEGANY	fore odmiss	sion)
b. CITY OR TOWN (IF RURAL and give pec	autside carporate limit stest town BERLAND	ts, write	c. LENGTH OF STAY IN 15 8 DAYS	c. CITY OR TOWN (IF	autside corporate lim			earest town	n)
d. NAME OF HOSPITA	RIAL HOSE	TTA	oddress)	d. STREET ADDRESS BOX 12	2				SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Fire CHA	RLES	Middle L e	MILLER	4. DATE OF DEATH	Month SEI			Year 19 58
5. SEX MALE	WHITE	WIDOWE	DIVORCED	8. DATE OF BIRTH SEPT. 12.	1868	(In years birthday) 89 yrs.	Manths Days	R IF UND	
RET	N (Give kind of work on ng life, even if retired) IRED		kind of Business or Indu	PENN.	Glencoe		12. CITIZEN	-	A .
MILLER,	CONRAD			14. MOTHER'S MAIDEN TRESSL		ARET			
15. WAS DECEASED EVER (Yes. no or unknown) (P	IN U. S. ARMED FOR yes, give wor or dates of se			nformant MEMORIAL H	OSPITAL,	CUME	ser la ni	o, M	D.
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which (b) mediate (DUE TO)	o for (o), (b), and (c).] Cleute Cin	wing Olean	lesen		Of	TERVAL BE	DEATH
200. ACCIDENT WAS	UNDERLYING	Lelle	ONTRIBUTING TO DEATH BUT	veir	*		N IN PART 1(a)	19. WAS PERFO YES	DRMED?
OC. TIME OF INJURY Hour o. m. p. m.		or 20d. IN While of work	Not while for	ACE OF INJURY (Home, for ctary, street, affice bldg., et	m, 20f. (City or tow	n)	(County	r)	(State
	Theu	., 19 E	ac.	Lix, 19.58, to decurred at 5:35	By, from the ADDRESS (Street) it	causes ar	that I last and on the d	ate state	
270. BURIAL, CREMATION REMOVAL (Specify) Burial	Sept.6,		22c. NAME OF CEMETERY O		22d. LOCATION (C			(Stat	le)
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	240. REC	D BY REGISTRAR	24b. REGIST	TRAR'S SIGNAT	URE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be relatinged by the haspital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death of the capture of the configuration of the capture of the configuration of the configurati

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19		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist.	09705
HEALTH DEPT.	1.	PLACE OF DEATH o. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE W. Va. b. COUNTY Plants	e before admission)
Sery, plea		b. CITY OR TOWN (If outside corporate limits, write RURAL on give nearest town) Cumberland c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL on give nearest town)	ive nearest town)
60		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Memorial Hospital d. STREET ADDRESS Fair fox 57,	e. IS RESIDENCE ON A FARM? YES NO
delay he fune retain er death	3.	NAME OF First Middle Last 4. DATE Month OF OF OF DEATH Sept. 19	Doy Yeor
J 3 to the may be with the ours often	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male White WIDOWED DIVORCED NIVORCED	EAR IF UNDER 24 HRS.
r death 2, and Page 5 I and 2 in 72 ha	10	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZE	N OF WHAT COUNTRY
Pages 1 PM3. PAGes pages int with	13	FATHER'S NAME Tohn M. Miller Hester May	
Give Give II. File	15	Was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [If yes, give wor fit doles of service] William H. Hunter Berkeley 5	Springs, Wik
Item, 18.		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COPONARY Occlusion	INTERVAL BETWEEN ONSET AND DEATH Hour
office of transition of the second		Conditions, if ony, which) (b) Coronary Sclerosis	
in period by or re		gove rise to immediate cause (a), stating the underlying couse last. DUE TO (c)	3-811-6
icate sh ending al Exan used as ematio	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO	(o) 19. WAS AUTOPSY PERFORMED? YES NOTE
s certificated by Medical be still be s	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	700
VER: The very distributed of the bar of the	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while at work at work at work at work with the street, office bldg., etc.)	y) (Stote)
EXAMIII		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry opinion death resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined mo	
rriffication in RECTO		ACTUAL SIGNATURE Benedict Sketarelie M.D. CHIEF MEDICAL EXAMINER [DATE SIGNED
e the of		EXAMINER'S NAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER X Sept. 19.	1958
o DEPL execut 4 shaw o FUNI or its	22	o. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or equally) REMOVAL (Specify) 12d. LOCATION (City, town, or equally) 12d. LOCATION (City, town, or equally) 12d. LOCATION (City, town, or equally)	(State)
15ME 2/57	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 7 240. REC'D BY REGISTRAR 246. REGISTRAR SIGNATURE TO SEP 2 4 '58 OATHUR S.	
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William of the state of the sta

				-	eg. Dist. No.
1. PLACE OF DEATH o. COUNTY Allegany		MARYLAND	O STATE	there deceased lived. If institutions b. COUNTX1-	Residence before admission) Legany
b. CITY OR TOWN It outside RURAL and give nearest tow	corporate limits, write n)	c. LENGTH OF STAY IN 11	e. CITY OR TOWN (IF	autside carparate limits, write RURA	
Cumberland,	is the size of the	10 minuet		nd,	is accidence
d. NAME OF HOSPITAL (If not OR INSTITUTION HOS) Memorial Hos	pital, Memori		4. STREET ADDRESS	gton St.	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Villiami	Middle Alexander	loss Miller	4. DATE Month OF DEATH Sep	t. 16 Poy Yeor 19 58
	or or race 7. Marri	ED 🔝 NEVER MARRIED 🗆	12/3/02		UNDER 1 YEAR IF UNDER 24 HRS. Nonths Days Haurs Min.
10a. USUAL OCCUPATION (Give during most of working life,	kind of work done 10b.	IND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote	e ar foreign country)	12. CITIZEN OF WHAT COUNTR
Highway engine	er Md.	. State Rds.	New Jer	sy, Patterson	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
John Miller				e Lamb	
15. WAS DECEASED EVER IN U. S (Yes. no. or unknown) (If yes, give	war ar dates of service)	OCIAL SECURITY NO. 17	Memorial Hosp	ital, Cumberland	
PART I. DEATH WAS		for (a), (b), and (c).]	of Thron	ul-sais	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which		morana	arton	Disease	- Roul
gove rise to immediat couse (o), stating the <u>unde</u> lying couse last.			0 0		.2
PART II., OTHER SIGN 200. ACCIDENT WAS UNDER OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL)	to my	ONTRIBUTING TO DEATH E	LICE 1951 Q	MINAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P
	SE OF DEATH /	RIBE HOW INJURY OCCUP	RED. (Enter noture of injury in	Port I or Part II of item 18.)	
20c. TIME OF INJURY Month Hour o. m. p. m.	h, Doy, Year 20d. IN While of wark	Not while	PLACE OF INJURY (Home, far foctory, street, affice bldg., et		(County) (State)
21. I certify that I at	tended the decease		1947, to_		hat I last saw the decease
alive on	16 19	, and that dec	th accurred at 9 25	AMM, fram the causes and	
ACTUAL SIGNATURE	J. 974	elleans	Mo Cum	ADDRESS (Street, city or town, sto	DATE SIGN
PHYSICIAN'S NAME (Type) Dr. W.	F.Williams		122 So.	Centre St.,	*
220. BURIAL, CREMATION, 22b. REMOVAL (Specify) Burial 9	DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY - & Paul's	22d. LOCATION (City, town, or c Cumberland, Ma	
	/ 13/ 00	D. D. Felei	of Total 3		0

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITAL OR A may be retained b TO FUNERAL D TO page 3 shown the registron prior VS A15 (4) 15M 9/55

funeral director.

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	96	99	Item 8 Film CERTIF	CAT	e of DEAT	н		Reg. D	ist. No	97	07
1. PLACE OF DEATH a. COUNTY	gany		MARYLA		o. STATE Maryla	-	b. COUNTY	on: Reside		ore admiss	ion)
b. CITY OR TOWN (RURAL ond give n Cumberla	If autside corporate limi earest town)	ts, write	c. LENGTH OF STAY IN	1b o	cumberla	_				arest towr	1)
OR INSTITUTION	TAL (If not in hospital, goark Stree		oddress)	1	d. STREET ADDRESS Park S	treet					FARM?
3. NAME OF DECEASED (Type or print)	BERTH.		Middle L		Lost MTRE	4. DATE OF DEATH	Sept	_т	19		Year
s. sex Female	6. COLOR OR RACE	7. MARRI WIDOWE	DIVORCED	_	are of Birth	1891	AGE (In years lost birthdoy) 64 yrs.	IF UNDE Months			ER 24 HRS. Min.
House	king life, even it refired)	KIND OF BUSINESS OR I				untry)		S	A .	COUNTR
	m Coleman			55			oadwat	er			
15. WAS DECEASED EVE IYes, no. or unknown)	R IN U. S. ARMED FOR Itt yes, give wor or dates of s		social security no.	17. INFO		Loar.	Daugh				
	ATH [Enter anly one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	Ca	e for (o), (b), ond (c).] - Breast	m	Gilmore	MD.	engs	0	INT	ERVAL BE SET AND	DEATH
Canditians, if a gove rise to i cosse (o), stoting lying cause last.	mmediate (business	C	arcin		af be	easy	<u>L</u>			73	ear
PART II. OTH			ONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o)	PERFO	AUTOPSY ORMED?
	AS UNDERLYING GOVERNMENT GOVERNM	20b. DESC	RIBE HOW INJURY OCC	URRED. (I	inter noture of injury in	Port Lor Part I	II of item 18.)				
20c. TIME OF INJUI Haur a. m. p. m.	RY Month, Day, Ye	or 20d. IN While of work	_ Not while _	le. PLACE factory	OF INJURY (Home, far, street, affice bldg., et	m, 20f. (City o	or tawn)		(County)		(State)
21. I certify the alive an 9. ACTUAL SIGNATURE DEPHYSICIAN'S NAME (Type)	nat I attended the	decease , 19.5		eath oc	, 1957, ta_curred at 7 P	M, fram	the causes of the cause of	ind on		te state	
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	9/6/19	58	Oak Hill		etery	Lona	on (City, tawn,	MD		(Stot	e)
23. FUNERAL DIRECTOR GEORGE	EICHHORN	LON	ACON ING,	MD.	24o. REC	C'D BY REGISTR		STRAR'S S			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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>			9700	CERTIFIC	ATE OF DEAT	TH		Reg. Dist	970	8
	1. PLACE OF DEA	Alle	gany	MARYLAND	2. USUAL RESIDENCE (lived. If institution b. COUNTY	Alleg		sion)
	RURAL and	DWN (If outside corpore give nearest town) mberland		LENGTH OF STAY IN 16	c. CITY OR TOWN (ote limits, write R			n)
91	d. NAME OF OR INSTITU	HOSPITAL (If not in hos		'ess) Infirmarj	d. STREET ADDRESS	Shrive	r Avenu	le	ON	SIDENCE A FARM?
I	3. NAME OF DECEASED (Type or print)		First Thomas	Middle M •	Mullan	4. DATE OF DEATH	Septem		Doy 25 ,	Year 1958
ث	SEX Male	White	• WIDOWED		8. DATE OF BIRTH 4/15/187	1	9. AGE (In years last birthday) 7 yrs.	Months Doy		
	Rotire	of working life, even if ed = Steam	f work done 10b. KIN retired) m Fitter		ustry 11. BIRTHPLACE (Side		100 - 100 - 100	12. CITIZEN	S.	
	13. FATHER'S NA		. Mullan		14. MOTHER'S MAIDEN		Petri			
	15. WAS DECEAS	ED EVER IN U. S. ARMI	ED FORCES? 16. SOC dates of service)	Jone 17.	INFORMANTP.O.B			"Cumbe		d,Md
	PART 422 Conditions gove rise	to immediate toting the under-	D BY: 1/11	etaleli	arsin,	Leeu	ile	302	NTERVAL BI	DEATH
0	PART	II. OTHER SIGNIFICAN		TRIBUTING TO DEATH BL	UT NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	PERFO	AUTOPSY ORMED?
	O (IF EITHER, N	NT WAS UNDERLYING UTING CAUSE OF D OTIFY MEDICAL EXAM	DEATH	E HOW INJURY OCCUR	RED. (Enter noture of injury i	n Port 1 or Port	11 of item 18.)			
	Hour		While	RY OCCURRED 20e. I Not while at work	PLACE OF INJURY (Home, fa actory, street, office bldg., a	rm, 20f. (City	er town)	(Count	ly)	(Stote)
	21. I certialive on_	fy that I attende 9/24/58		The second second second	8 , 19 , to the occurred at 2:5	ADDRESS (Str	the couses a		date stot	
/	PHYSICIAN'S	Dr.	Lee B. Ma	athews	Cumber	land,	Md.			
	NAME (Type									
	270. BLIRIAL, CRE SEMOVAL (S	MATION, 22b. DATE 1	THEREOF 27	SS. Peter 9	or GREMATORY Cam.	22d. LOCATI	ON (City, town, o	or county)	(Stat	2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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63/XS/8	. Committee Committee			
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-		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIM 9701 CERTIFICATE OF DEATH		Reg. Dist. No	9709
	1. [PLACE OF DEATH o. COUNTY ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived o. STATE MARYLAND	o, COUNTY		
		b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town) CUMBERLAND c. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town) CUMBERLAND	nits, write R		
)	(d. NAME OF HOSPITAL (LE POLID POSPETAL) OR INSTITUTION MEMORIAL AVENUES Jd. STREET ADDRESS VARWICK & MEMORIAL AVENUES 1004 OLDTOWN	ROAD		ON A FARM? YES NO
	3. 1	NAME OF First Middle Last OF DECEASED (Type or print) BERTHA E. MULVEY	Mar	PTEMBER	Year 1, 19 58
1	5. 9	FEMALE WHITE WIDOWED DIVORCED OCTOBER 6,	E (In years birthday) 3 yrs.	Months Days	Haurs Min.
		10. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. MOTHER'S MAIDEN NAME 114. MOTHER'S MAIDEN NAME	RLAND	U. S.	A .
	10.	FRANK LEUCK ANNA GAZENHOWER			
	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 10. 10 NO. 11. INFORMANT 10 NO. 11.	Add UMBER		
		1B. CAUSE OF DEATH [Enter anly one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate cause (o), stoling the under-lying cause last. [b] DUE TO DUE TO DUE TO D	الما		ERVAL BETWEEN SET AND DEATH - Ylor
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Parl II of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		VEN IN PART 1(0)	19. WAS AUTOPSI PERFORMED? YES NO
	MEDICAL C	20c. TIME OF INJURY Month, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While of work of two	vn)	(County)	(State
1		21. I certify that I attended the deceased from		and on the do	aw the decease te stated aba DATE SIGN
'		PHYSICIAN'S DR. GEORGE M. SIMONS Cumbela	4	m	
	E	De Burial, Cremation, 226. Date thereof Removal (Specify) 226. Date thereof St. Mary to Cemetery Cumber Sturial Director's Signature Address 246. REC'D By REGISTRAR	land		(State)
X		James F. Scarpelli, Cumberland, Md. DATE SEP 4 158	La	ilua & Ka	4.

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		CHARGERANCE COMMISSION OF THE	
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I do al-		MARYLAND	STATE DEPARTM	ENT OF HEALT	H-BAL	TIMORE, 1	В	
77		9702	CERTIFICA	ATE OF DEAT	Н		Reg. Dist. No	11971
director	1. PLACE OF DEATH o. COUNTY ALLEGA	ANY	MARYLAND	2. USUAL RESIDENCE (W. o. STATE MARYL		d lived. If institution b. COUNTY	ALLEGA	
Funeral M	b. CITY OR TOWN (IF RURAL and give no CUMBER)	outside corporate limits, write arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		orote limits, write RU		
60	OK INSTITUTION	AL (If not in hospital, give MER) AL HOSPITAL WAR	MORTAL & WICK AVES.	d. STREET ADDRESS	OONE ST	TREET		e. IS RESIDER ON A FAI YES NO
es a constant	3. NAME OF DECEASED (Type or print)	First LESTER	Middle MAHLON	Lost MYERS	4. DATE OF DEATH	SEPT.		Pay Year 3 19
rs. Pog	5. SEX MALE	6. COLOR OR RACE 7. MAR WIDOW		MARCH 8, 18	883		Months Doys	
nd comple n papers death.	during most of work	N (Give kind of work done 10b. ing life, even if retired) MACHINIST	RAILROAD	STRY 11. BIRTHPLACE (SHOP		ountry)		OF WHAT CO
sicion ond re carbon re after de	13. FATHER'S NAME MAHL	ON. MYERS		14. MOTHER'S MAIDEN	_	Redman		
e remove car 72 boars afte		If yes, give war or dates of service]		NFORMANT MEMORIAL HOSI	PTIAL	CUMBERLA		
ottendi		TH [Enter only one couse per li TH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYO						TERVAL BETWI
d by the mit. The	Conditions, if or	DUE TO ny, which) the Acu	te Posterior M		faretic	on		2 days

e. IS RESIDENCE ON A FARM? YES NO F Day Year 19 NDER 1 YEAR IF UNDER 24 HRS Doys Hours 2. CITIZEN OF WHAT COUNTRY? U. S. A. D, MD. INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days couse (o), stoting the under-Coronary Arteriosclerosis lying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Shock YES NO TX 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) While Not while at work ot wark 21. I certify that I attended the deceased from September 129.56, to Sept. 13., 19.56 that I last saw the deceased alive aSeptember 13 and that death occurred at 12:05M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) SIGNATURE 50 Pershing St. PHYSICIAN'S Cumberland, Maryland SAMUEL **JACOBSON** NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 9-16-58 Burial Park Cumberland. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR James F. Scarpelli, Cumberland, Md. DAREP 1 6 '58

15M 9/55

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funeral director, executed within 24 hours after death. Page TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be may be retained by the haspital or attending physician. TO FUNERAL COOR. After this certificate has been signed by the attending physician or page 3 shares be detached for use as the burial-transit permit. Then please remayer carbot the registrant prior to burial, cremation, or remayal, and in any event within 72 hours often

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9704

CERTIFICATE OF DEATH

(19712)

1. PLACE OF DEATH O. COLINTY ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution relations to administration) D. STARYLAND 3. MARYLAND C. CONTON II solvide corporate limits, write RURAL and give nearest town) O. STARYLAND C. CITY OF TOWN III consider corporate limits, write RURAL and give nearest town) A. COLOR TOWN III consider corporate limits, write RURAL and give nearest town) A. COLOR DOTAL III real in hospital, give it treat oddens) O. NAME OF INSTITUTION MEMORIAL HOSPITAL MEMORIAL WARRICK AVER. S. SER MALE MHITE MIDDOVED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVOR FLORE STARY MUST SET SEATH DOTAL WARRICK AVER. MILES S. SER MALE A. COLOR OR RACE T. MARRICED INVERTIGATE (Stote or foreign country) DIVORCED DIVO					Keg, Dist.	No.
B. CLIYO R TOWN II contide expected limits, write RURAL and give necrest form) ONE DAY ONE COURSE IN PRODUCT LITTLE IN PROPERTY OF THE PROPE	a COUNTY	MARYLAND	2. USUAL RESIDENCE (W) o. STATE MARYLAND		INITY	
ON INSTITUTION MEMORIAL HOSPITAL MEMORIAL SWARWICK AVES. Middle DIVER MARRIED DIVER MARRIED M	RURAL and give nearest town)		c. CITY OR TOWN (IF o		rite RURAL and give	nearest tawn)
3. NAME OF DECEASED PRINT BY JOHN A NIES OF MARKED DOY NOT PROTECUTED TO PRINT BY MARKED DOY NOT PROTECUTED DIVORCED DIV	OR INSTITUTION MEMORIAL HOSPI	TAL		EY ROAD		ON A FARM?
MALE WHITE WIDOWED DIVORCED DIVO	3. NAME OF DECEASED (Type or print) JOHN	Middle A		OF O	1 4 4	
DUIS AND SECRES DEVER IN U. S. ABRED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT TO SOCIAL SECURITY NO. 17. INFORMANT IS. CAUSE OF DEATH (Enter only one course per line for (o). (b). and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate gave rise to immediate gave rise to immediate (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 17. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 17. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 17. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 17. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 17. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 17. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 17. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 17. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 17. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 17. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 17. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITIO	NAME DESCRIPTION		- 000		lay) Months Do	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16 par part of dead of trained) 18. CAUSE OF DEATH (Enter only one coure per line for (o), (b), and (c).) 18. CAUSE OF DEATH (Enter only one coure per line for (o), (b), and (c).) 18. CAUSE OF DEATH (Enter only one coure per line for (o), (b), and (c).) 18. CAUSE OF DEATH (Enter only one coure per line for (o), (b), and (c).) 19. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate coure (o), stoling the under (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. DEATH WAS UNDERLY IN PART	13. FATHER'S NAME					
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DUE TO Conditions, if any, which gave rise to immediate couse (a), italing the under lying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO DEATH II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO DEATH II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20. ACCIDENT WAS UNDERLYING TO AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20. ACCIDENT WAS UNDERLYING TO AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20. ACCIDENT WAS UNDERLYING TO AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 21. I CERTIFY MONTH MEDICAL EXAMINER) 220. ACCIDENT WAS UNDERLYING TO PART II of item 18.) 221. I CERTIFY MONTH MEDICAL EXAMINER Not while of work of or work of	PART I. DEATH WAS CAUSED BY:	for (o). (b). and (c).]	Nearl Paul	lune		INTERVAL BETWEEN ONSET AND DEATH
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20c. TIME OF INJURY Month, Day, Year Haur a.m. P. m. 19 20d. INJURY OCCURRED While at work at work at work at work at work at work at work. 21. I certify that I ottended the deceased from. 19 20e. PLACE OF INJURY (Home, farm, leading) at work at work at work. 21. I certify that I ottended the deceased from. 19 21. I certify that I ottended the deceased from. 19 22. Actual signature 22. Approximation at work at work at work. 23. FUNERA DIRECTOR'S SIGNATURE 24. REC'D BY REGISTRAR 240. REGISTRAR SYGNETURE 24. REC'D BY REGISTRAR 240. REGISTRAR SYGNETURE	, (9)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1	PERFORMED?
21. I certify that I oftended the deceased from. 19. 19. 19. 20. 19. 19. 20. 19. 20. 19. 20. 19. 20. 19. 20. 19. 20. 19. 20. 19. 20. 19. 20. 19. 20. 19. 20. 19. 20. 19. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20		RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II af item 18	i.)	
actual signature ACTUAL SIGNATURE M.D. HYSICIAN'S NAME (Type) WILLIAM P. IAMES 220. NAME OF CEMETERY OR CREMATORY J. STOCK TOWN, or caunty) JEMOVAL (Specify) 23. FUNERA DIRECTOR'S SIGNATURE ADDRESS AND LI U (M. Cembra St. 1988) ADDRESS AND LI U (M. Cembra St. 1988) ADDRESS ADDRESS ADDRESS ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR 345 REGISTR	20c. TIME OF INJURY Month, Day, Yeor Haur a. m. While at work	Not white for	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	, 20f. (City or town)	(Cou	inty) (Stale)
PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF SEMOVAL Especify 23. FUNERA DIRECTOR'S SIGNATURE ADDRESS AND. LI 4 (M. Centra SX 9-20-17) AND. LI 4 (M. Centra SX 9-20-17) ADDRESS AND. LI 4 (M. Centra SX 9-20-17) Control City. Iown, or caunty) 1510101 22d. IOCATION (City. Iown, or caunty) 1520102 23. FUNERA DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR 34G. REGISTRAR	1 4		occurred at_12:30	PM, from the cous	es ond on the	dote stoted obove.
220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. IOCATION (City, Iown, or county) ISIO10) 23. FUNERO DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	ACTUAL SIGNATURE CA'CLEAN Y	June		1. Centre	×2	9-20-18
1 SEMOVAL (Specify) 9/23/5-8 SS. Peter of foul Cen. Cumberla M2. 23. FUNERO DIRECTOR'S SIGNATURE ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR 346. REGIS	NAME (Type) WILLIAM P.		Cu		md	
23. FUNERO DIRECTOR'S SIGNATURE ADDRESS ADDRES	13 MOVAL (Special) 9/23/58	SS. Peter 9	foul Cem.	Cumbe	lad	mx.
	Jours Stein Inc.	Cumb.		D BY REGISTRAR 246.	REGISTRAR'S FIGOR	MURE

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u. S. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, plea			TC	or its designated agent, prior to burial, cremation, or remayed, and in any eyent within 72 hours after death.
VS.	A	15	ME	
51	M :	1/5	1	

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE, 18
MEDIC	AL FX	AMINER'S C	ERTIFICATE (OF DEATH

	EXAMINER'S 9/16/58.cac		TE OF D	EATH	Reg. Dist	(13/1] No.	3
1. PLACE OF DEATH 9705 o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Penr	Where deceased I				ission)
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lown) Cumberland	DOaA	c. CITY OR TOWN (I	f outside corpora	te limits, write	RURAL ond g	ive nearest to	wn}
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Memorial Hospital	give street oddress)	d. STREET ADDRESS 5738 Kentuc	cky Aver	ntie			A FARM?
3. NAME OF First DECEASED (Type or print) Charles	Middle F	Pagan	4. DATE OF DEATH	Month	12	- '	^{(eor} 958
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED 1	NEVER MARRIED B.	pril 20, 18	92 66	out birthday)	Months Do		ER 24 HRS. Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Publisher	OF BUSINESS OR INDUST	Buffalo, I			USA	N OF WHAT	COUNTRY?
13. FATHER'S NAME Walter E. Pagan		Anna Buche					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCI. [17 os., na. or unknown] [If yes, give war or dates at service]		rs. Chas. 1	W. Pagar	Address		Kentu sburgh	
18. CAUSE OF DEATH [Enter only one cause per line lar (or PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420. DUE TO	o), (b), ond (c).]	lusion				Sudde	ATH
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying DUE TO	onary Scle	erosis	9-				

couse lost.	(c)					
PART II, OTHER SIGNIFIC	ANT CONDITIO	ONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	20b. D	ESCRIBE HOW INJURY OC	CURRED. (Enter noture of inju	ry in Part I or Port II o	item 18.)	
20c. TIME OF INJURY Month Haur a. m., p. m.	Doy, Year	20d. INJURY OCCURRED While Not white at wark of wark	20e. PLACE OF INJURY (H. foctory, street, office I	ome, form, 20f. (City o	r town) (County)	(State)
21. I certify that I took opinion death resulted (pection Inquiry	

SIGNATURE Devedict Statemen M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

Sept. 12, 1958 DEPUTY MEDICAL EXAMINER

EXAMINER'S NAME (Type) Benedict Skitarelic, M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY Allegheny Cemetery
ADDRESS Burial 23. FUNERAL DIRECTOR'S SIGNATURE

John J. Hafer, Cumberland, Maryland

22d. LOCATION (City, lown, or county) Pittsburgh, Pennsylvania 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

DAGEP 1 5 '58

arthur S. Kraus

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9 Film G234 CERTIFICATE OF DEATH

Items 8 & 9, Film G234

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				vag. D	131. 170.
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (WO O. STATE	here deceased lived. If institution: Resider land b. COUNTY All	nce before admission)
Frostbi	urg	c. LENGTH OF STAY IN 16 5 Weeks	c. CITY OR TOWN (IF C	outside corporate limits, write RURAL and B. P. T.	give nearest town)
d. NAME OF HOSPI	Main Street	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fannie	Middle W •	Porter	4. DATE Month OF DEATH September	Doy Yeor 9th, 1958
5. SEX Female	6. COLOR OR RACE 7. MAR White WIDOW		8. DATE OF BIRTH Sept.11th.	lost histhdays	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATE during most of wor Housek	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS		or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME	s W. Porter		14. MOTHER'S MAIDEN N Maggie		
			NFORMANT	. Long, Frostbur	g, Md.
	the under-	typertensin	e feart to	Oldease	INTERVAL BETWEEN ONSET AND DEATH 3 have 20 fpa 21
CA.	N	ONE	E-27076 = 10	INAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
	AS UNDERLYING 206. DES	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in	Port I or Part II of item 18.)	
20c. TIME OF INJUI Hour a. m. p. m.	While		ACE OF INJURY (Home, form tory, street, office bldg., etc	20f. (City or town)	County) (State)
21. I certify the olive on	not I oftended the decease 9/9/8, 19 MARTIN M.R.	7	M.D. 48	9/9, 1955, that I C.M., from the couses and on the ADDRESS (Street, city or town, state) BRIADWAY	lost sow the decease the date stated above DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify BULL 12.	ON, 226. DATE THEREOF 9-12-58	Eckhart Cen		22d. LOCATION (City, town, or county) Eckhart.	(Stote) Md.
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	240. REC:	D BY REGISTRAR 24b. REGISTRAR'S SI	GNATURE
Joseph]	R. Durst. F	rostburg. Md	DATE	P 1 5 '58 aritum &	. Thank

	CATE OF DEATH		North Control	
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5. SEX

MEDICAL

FUNER 3 page May 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9706 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY Allegany b. COUNTY MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Little Orleans Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE A STREET ADDRESS ON A FARM? llegany County Infirmary YES NO NO NAME OF 4. DATE Middle Lost Month DECEASED Charles R. Price September DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years los birthdoy) Months Male White Hours WIDOWED. DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Maryland Farming Retired - Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Price Sarah V. Creek 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Addres Cumberland, Md. .Box Infirmary Records Allegany County 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) g. m. While

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month. of work of work

21. I certify that I attended the deceosed from 9/23/58 ____, and that death accurred ot 3: 15A M, from the causes and on the date stated above. ACTUAL

ADDRESS (Street, city or town, stote) Greene St.

DATE SIGNED

PHYSICIAN'S Dr. Lee B. Mathews NAME (Type)

Cumberland, Md.

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Buck Valley Christian Buck Valley Fulton Penna.

23. FUNERAL DIRECTOR'S SIGNATURE

SIGNATURE

ADDRESS

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

... 19 to 9/27/58 19 that I last saw the deceased

220. BURIAL, CREMATION, 22b. DATE THEREOF

DATE OCT

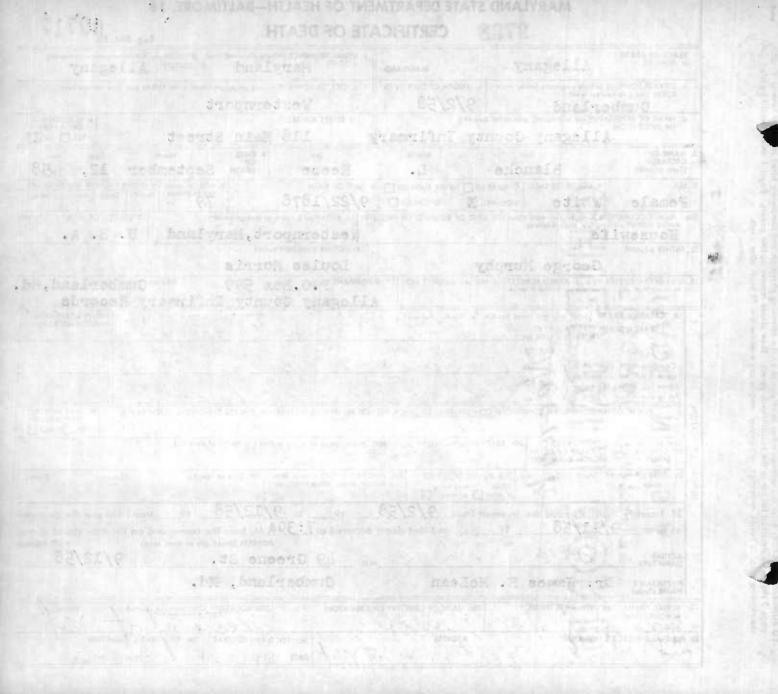
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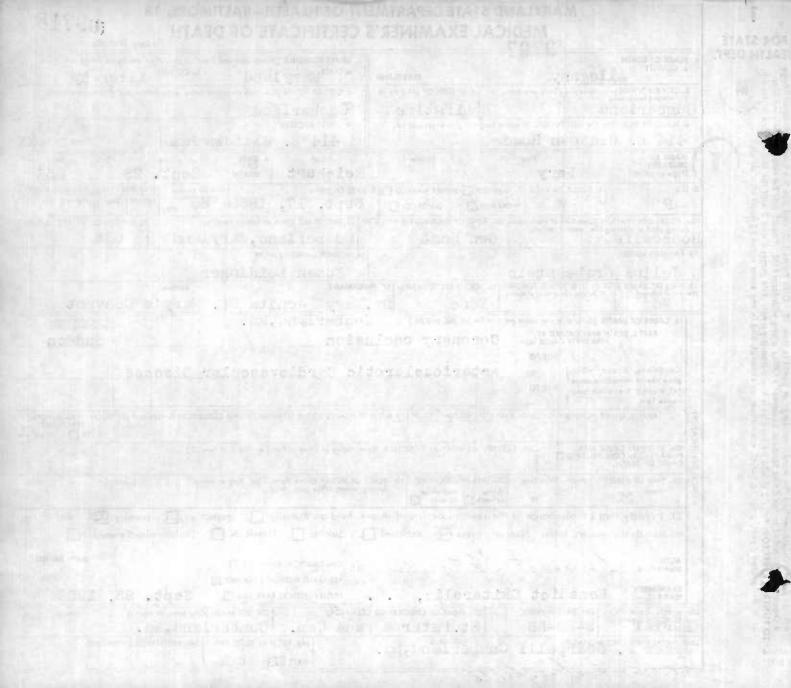
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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	9742				Reg. Dist.	. No.
o. COUNTY A	llegany	MARYLAND	O STATE	Where deceased lived. If institution b. COUN	TY .TT	e before odmission)
b. CITY OR TOWN and give necrest to	(If outside corporate limits, write RUR	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write	e RURAL and g	ive neorest fown)
Mo	SCOW	3 Weeks	X Mosco	WC		
d. NAME OF HOSP	ITAL OR INSTITUTION (If no	t in hospital, give street address)	d. STREET ADDRESS	Forth.		e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Marie	Middle R 9	venscroft	4. DATE Mon OF DEATH Septem		Doy Yeor 14 19 58
5. SEX			B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1Y	
Female			A STATE OF THE PARTY OF THE PAR	1928 cost birthdoy) 29 yrs.	Months Do	ys Hours Min.
10a. USUAL OCCUPAT during most of work HOUSE	ION (Give kind of work done ing life, even if retired) WOPK	OWN Home	Wheeling			N OF WHAT COUNTR
13. FATHER'S NAME			14. MOTHER'S MAIDEN	21		o e m e ure
	Bent Brown		Unknomm			
15. WAS DECEASED E	VER IN U. S. ARMED FORCES		NFORMANT	Addres	s	
[Yes, no, or unknown]			arl Ravenso	roft Mo	scow,	Md.
18. CAUSE OF DE	ATH [Enter only one cause p		"Husband"	710		INTERVAL BETWEEN ONSET AND DEATH
	ATH WAS CAUSED BY:	Acute Myocard		t d on		8 Hrs.
Conditions, if gove rise to imm (o), stoting the cause last.	underlying DUE TO (c).	Coronary scle				
YOUNG PART II, O	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GI	VEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
PART II, O' 20g. EXTERNAL CAUSE OF DEATH	ONTRIBUTING	ESCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in Por	rt I or Port It of item 18.)		
20c. TIME OF INJI Hour o. m p. m		20d. INJURY OCCURRED 20e. PLA While Not while of work of work	ICE OF INJURY (Home, for lory, street, office bldg., etc	n, 20f. (City or lown)	(Count)	y) (State)
	resulted fram: Nati	the remains described about a causes XX Accident		Hamicide . Undele	Inquiry ermined ma	
EXAMINER'S	lowedist Cl-1	tanalia M.D.	ASSISTANT MEDICAL		. 14,	1058
220. BURIAL, CREMATI REMOVAL (Specif	ON. 22b. DATE THEREOF	tarelic, M.D.		22d. LOCATION (City, town,		(Stote)
Burial	9/17/195			Wheeling,	Wva.	
23. FUNERAL DIRECTO		ADDRESS	240. REC		ISTRAR'S SIGN	
George	Eichhorn	Lonaconing, I	Md. DATE		ihus S. Th	initis





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ENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death. Page 4		NR: After this certificate has been signed by the attending physicion and completely filled in	toched for use as the buriol-transit permit. Then please remave carbon papers. Pages I and should be filed with	(
hin 24 hours		r filled in	oges I and	
executed with		d completely	n papers. Pa	death.
ertificote be		physicion or	emave corbo	buriol, cremotion or removal, and in ony event within 72 hours offer death.
the deoth c		he attending	hen please r	ent within 72
equires that	Jn.	signed by 11	sit permit. T	nd in onvev
N: The low r	he hospital or ottending physician.	ote hos been	buriol-trons	r removol. a
G PHYSICIA	oital or often	r this certific	for use os the	cremotion o
ENDIN	the hosp	R: Afte	toched	burio

	974	3 CERTIFICA	ATE OF DEATI		Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY A1	legany	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Md.	here deceased lived. If institu b. COUNT	viion: Residence b	ny
b. CITY OR TOWN	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF A	outside corporote limits, write	RURAL ond give	negrest town)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If nat in hospital, give stre	et oddress) -	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	John First	Simons Ro	obertson	4. DATE M. Sep	onth t. 11,	Day Yeor 19 58
5. SEX Male	White woo	WED DIVORCED	B. DATE OF BIRTH Mar. 6, 1880	9. AGE (In year lost birthdoy) 78 yr) Months Da	
during most of wor Carpente: Carpente: 13. FATHER'S NAME	rking life, even if retired)	6. KIND OF BUSINESS OR INDU	Barton,	Md.	U.S	N OF WHAT COUNTR
George Rolls. WAS DECEASED EVI (Yes. no. or unknown)		6. SOCIAL SECURITY NO. 17. 1 712-14-1650	Oatherine NFORMANT Mrs. Helena		ddress ton. Md.	
Conditions, if of gove rise to couse (o), stoting lying couse lost. PART II. OT	the under- (c)	Arterios		linal disease condition g	GIVEN IN PART 1(PERFORMED?
(IF EITHER, NOTIF)	G CAUSE OF DEATH / MEDICAL EXAMINER) RY Month, Day, Year 20d Whi		D. (Enter noture of injury in ACE OF INJURY IHome, for clory, street, office bldg., etc.	n, 20f. (City or town)	(Cavi	YES NO
21. I certify to alive on SACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	pur Y lefre	ased fram. June I. 58., and that death Lete Ar	occurred at		and an the	date stated abov
220. BURIAL, CREMATIC REMOVAL (Specify BUT181	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, fown	, or county)	(Stote) Md.
23. FUNERAL DIRECTOR		ADDRESS Westernport,	Md. 24a. REC	'D BY REGISTRAR 24b. REG	GISTRAR'S SIGNA	ATURE

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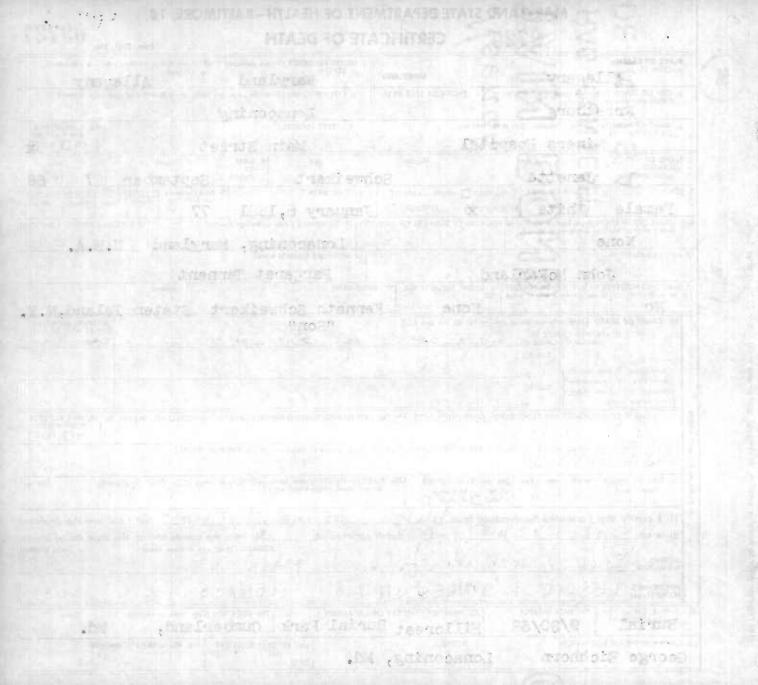
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igned by the attending physician and campletely filled in by	permit. Then please remave carban papers. Pages 1 and 2 should be filed with	-{
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by	ij.	I in any event within 72 haurs after death.
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9725

CERTIFICATE OF DEATH

Reg. Dist. No. 119721

1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Allegany									
	RURAL and give no	f autside corporate limi carest tawn) stourg	ls, write c. LEN	IGTH OF STAY IN 16		OWN (If outside		limits, write R	URAL ond	give neares	t town)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g Miners Ho			d. STREET A	Main S	stree	t			IS RESIDENCE ON A FARM? (ES NO TO
	NAME OF DECEASED (Type or print)	Janette	sf	Middle	chwe iker		DATE OF DEATH	Septe		Doy 27	Year 19 58
5. 5	Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	0 -00	1	GE (In years ast birthdoy) 77 yrs.			UNDER 24 HRS.
	NOTE FATHER'S NAME	ON (Give kind of work or king life, even if retired) Ohn McFar		OF BUSINESS OR IND	Lone 14. MOTHER'S		reign countr	rylan	3	U.S.	A.
15. (Yes	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. SOCIAL		INFORMANT Kenneth			Add		Isla	- A 37 32
No	PART I. DEA / 5 / X Conditions, if a gove rise to i cause (o), stating lying cause lost.	mmediote (Care	inome	IT NOT RELATED TO	Slow	DISEASE	NADITION GIV	VEN IN PAG	ONSET	ALL BETWEEN AND DEATH AND DEATH
CERTIFICATION	20a. ACCIDENT WA	noscle	vosis	OW INJURY OCCUR							PERFORMED?
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.			ot while	PLACE OF INJURY (Hoctory, street, office		Of. (City or t	own)	(0	County)	(State)
	21. I certify the alive on	at lattended the	deceased from 1958. Must R. MI		, 1957. th accurred at	MAI	RESS (Street,		and an tl		the deceased stated above DATE SIGNED 7.29.5
220	BURIAL, CREMATIO	9/30/5		llcrest		ark 22d	LOCATION LUMB e	(City, town, o	or county)	Md	(Stote)
1	George E	s signature ichhorn		aconing,	Md.	24a. REC'D BY	REGISTRAR 2 58		STRAR'S SIC		A



VS A15 (4) 15M 10/57 34

MARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18
0700	CEPTIFICATE	OF	DEATH	

	3709	CERTIFICA	TIE OI DEAL			Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY All	egany	MARYLAND	2. USUAL RESIDENCE (V o. STAIE Maryland	Vhere deceased	lived. If institutio b. COUNTY	n: Residence t	
b. CITY OR TOWN (RURAL ond give no Cumber 1		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		te limits, write RL		
OR INSTITUTION	TAL (If not in hospitol, give stree eart Hospital		d. street ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Rose	Middle	Shanski	4. DATE OF DEATH	Mont	h	Day Yeor 14 1958
female	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	6. DATE OF BIRTH	9.	AGE (In years lost birthdoy)	Months Do	EAR IF UNDER 24 HRS
10o. USUAL OCCUPATION during most of work House	ON (Give kind of work done 10b king life, even if retired) WITE	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stor		ntry) umberlan		OF WHAT COUNTI
13. FATHER'S NAME	Hensler		14. MOTHER'S MAIDEN				
IS. WAS DECEASED EVE			NFORMANT ul Shanski	521 Fu	rnaceddg		- d
33/X Conditions, if o gove rise to it couse (o), stoting lying couse lost.	DUE TO ny. which (b) (b)	erebral Vascula	r Accident				DNSET AND DEATH
CAT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT				N IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m.	CAUSE OF DEATH MEDICAL EXAMINER)	NJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, far.	m. 20f. (City o		(Coun	oty) (Stote
	at I attended the decease 9/14, 19:	sed from 9/5	, 19.17, to accurred at //: 02		the causes aret, city or town, st	nd on the	saw the deceas date stated abov DATE SIGN
220. BURIAL, CREMATION REMOVAL (Specify) Burial	N, 22b. DATE THEREOF 9/17/58	22c. NAME OF CEMETERY OF	CCREMATORY Paul Cath.	22d. LOCATIO	ON (City, town, or Cumberl		(Stote) Maryland
John J. Ha	A.	ADDRESS nd, Maryland		'D BY REGISTRA	R 24b. REGIST	RAR'S SIGNA	TURE

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FOR STATE HEALTH DEPT. stary, please poor files. Your files. 00 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the difficate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fungle 4 should be maded to the Chief Medical Examiner's Office along with form PM3, Page 5 may be retained TO FUNEMAL DIRECTOR: Page 3 should be ested as a buriefly transit permit. File pages 1 and 2 with the State or its designated agent, prior to burief, command, and in any event, within 72 hours after death. or its designated agent, prior to burial, cremation, ar removal, and in any event

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

234 MEDICALEXAMINER'S CERTIFICATE OF DEATH

9745

Reg. Dist. No.

1.	PLACE OF DEATH						ESIDENCE (V	Where decease	ed lived. If institu		nce before o	odmissian)
	4 79 79	legany			MARYLANI	o. STATE	Mar	vland	b. COUNT		legan	ıv
	b. CITY OR TOWN (III and give nearest town)	outside corporate limit	s, write RURAL	c. LENG1	H OF STAY IN 18	c. CITY O	R TOWN (IF	autside corp	orate limits, write		-	0
	7 miles so					X Rou	tel,	Oldto	own,			
	d. NAME OF HOSPITA	AL OR INSTITUTIO	ON (If not in	haspital, give :	street address)	d. STREET						S RESIDENCE ON A FARM?
Ri	iral near	Flintst	one			Rou	tel					NO [
3.	NAME OF DECEASED (Type or print)	2 3	First	Wass - 11	Middle	lo	ist	4. DATE OF DEATH	Mont		Day	Year 1958
5	SEX	laymond		Marcell		B. DATE OF BIRT	74		9. AGE (In years		YEAR IF I	INDER 24 HRS.
a.		White		WED [DIVORCED [Sept. 2		101	fast birthday) 31 yrs.		Days Hau	
	. USUAL OCCUPATION		vark dane 10	b. KIND OF BU						12. CITIZ	EN OF WI	IAT COUNTRY?
	during most of workin	g life, even if reti	red)					2.0				
-	FATHER'S NAME		D	wn Farn	n	14. MOTHER		, Mary	yrand		USA	
13	. PAIRER S NAME											
_	Marcellu		Sli				nor	Hau	ugh			
	. WAS DECEASED EVI	ER IN U. S. ARMEI (If yes, give war ar da		16. SOCIAL SE	CURITY NO. 17.	INFORMANT			Address	Rt. 1		
	no				N	Ars. Ray	mond	Slider	r Oldtov	vn, Ma	rylar	nd
	18. CAUSE OF DEAT	TH [Enter only an	e cause per	line far (a), (b),	and (c).]	4		THE RESERVE			INTERVAL B	ETWEEN DEATH A
	PART I. DEAT	H WAS CAUSED	BY:	Cru	shed	Ches	1					men.
	035	/		()	<u> </u>							,,,,,,,
	0 0 0		F 10	12 -	1	1 1	bu	10			15-	
	Conditions, if or	diote cause	(b)	Tha	clure	de de	Ru	ee_			1 3 7	men.
	(a), slating the		E TO									
	cause lost.	,	(c)								1	
18	PART II. OTH	IER SIGNIFICANT	CONDITION	S CONTRIBUTION	IG TO DEATH BU	T NOT RELATED TO	O THE TERM	INAL DISEASE	E CONDITION GI	VEN IN PART		AS AUTOPSY REORMED?
13											YES [
CERTIFICATION	20g. EXTERNAL CAUPRIMARY OF CONCAUSE OF DEATH.	JSE WAS NTRIBUTING [20b. DESC	RIBE HOW IN	lapsed	(Enter nature of under tr	injury in For	tior Port II	of item 18.) (pras driv:	rivate	bri	dge on farm)
	20c. TIME OF INJUS					LACE OF INJURY				(Caur	ntv)	(State)
MEDICAL	Hour Tom.		0 1	While / Na	while fo	actory, street, office	ce bldg., etc.) !				
ME	2:30 p.m.	21-21			wark 🔲	Farm		-	1 Oldton	wn All	egan	y, Md.
	21. I certify th	nat I took cho	arge of th	ne remains	described al	bave, held o	n Autops	y 🔲, Ir	rspectian 🔀	, Inquiry	V.E.	and in my
	opinion death	resulted fram	: Natur	al causes [], Accident	D. Suicie	de 🔲,	Homicide	. Undete	ermined m	nonner [
1)	۲	1/							18	
	ACTUAL /9	1 1.	· Av	16. to	111.	M.D. CHIEF	MEDICAL EX	XAMINER []	0		DA	TE SIGNED
	SIGNATURE	men	LA X	- KU · W	auc)	M.U.		AL EXAMINE	ID /			
	EXAMINER'S BOMAME (Type)	enedict	Skita	relic l	M.D.			EXAMINER D	1 .	£23	19:	58
22	a. BURIAL, CREMATIC REMOVAL (Specify)	N. 226. DATE TH	EREOF	22c. NAM	E OF CEMETERY	OR CREMATORY		22d. LOCAT	TION (City, Jawn,	or county)	(State)
	Burial	Sent.	26, 1	958 Hi	llcrest	Burial			erland,			
	FUNERAL DIRECTOR			ADD	RESS			D BY REGIST		STRAR'S SIG	NATURE	
J	ohn J. Ha	fer, Cum	berla	nd, Mai	ryland		DATE	EP 2 6 '5	ob a	Thuy &	Kroug	

1. wing PARKS WAS TRANSPORTED BY

ADDRESS

Lonaconing, Md

24b. REGISTRAR'S SIGNATURE

Orthur S. Traus

24o, REC'D BY REGISTRAR

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VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

George Eichhorn

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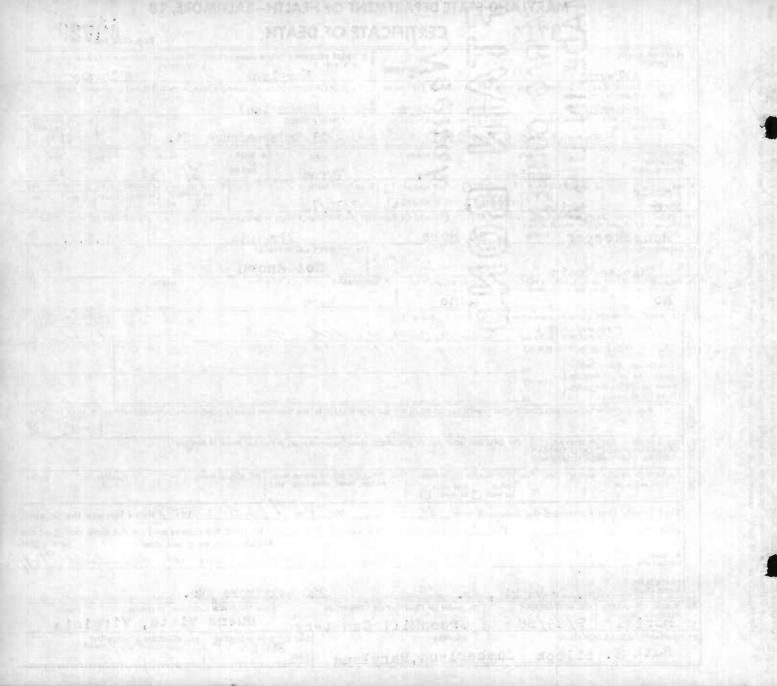
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D. CHANGE OF COUNTY Allegany D. CHY OR TOWN (If outside corporate limits, write cutential of STAY IN 1b guilded and give neorest flown) D. CHY OR TOWN (If outside corporate limits, write cutential of STAY IN 1b guilded and give neorest flown) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) D. ACKE (IN year) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) D. ACKE (IN year) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) D. ACKE (IN year) C. CHY OR TOWN (If outside corporate limits, write RURAL and give neorest flown) C. CHY OR TOWN (IT outside Corporate limits, write RURAL and STAY (IN YEAR) C. CHY OR TOWN (IT outside Corporate limits, write RURAL and STAY (IN YEAR) C. CHY OR TOWN (IT outside Corporate limits, write RURAL and STAY (IN YEAR) C. CHY OR TOWN (IT outside Corporat		971	4 CER	TIFICA	ATE OF DEA	ATH		Reg. Dist. N	1729	
Chimber] and Chamber] and Ch	a. COUNTY				Ma Ma	ryland	b. COUNTY	Alle	gany	
A MANE OF HOSPITAL (If not in hospital, give street oddress) Sacred Heart Hospital A STREET ADDRESS II Independence St. St. STREET ADDRESS ON A FEB ON	RURAL ond give n	(It outside corporate limits nearest tawn)	, write c. LENGTH OF ST.	AY IN 16	c. CITY OR TOW	N (If autside carpo	orate limits, write	RURAL ond give r	nearest tawn)	
NAME OF DECEASED NOTE OF BIRTH P. AGE In year Of World In June OF JUNE OF BIRTH P. AGE In year OF UNION Months Nor Hours Nor House Nor Hous				ys	- VIII					
NAME OF DECASED TO THE SIGNESTAND DUE TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 TO SCOTTIFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	OR INSTITUTION	ITAL (If not in haspital, giv	ve street oddress)		d. STREET ADDR	ESS				
DECEASED (Type or print) Name		Sacred Heat	rt Hospital		/ 11 I	ndepende	nce St.			
SET MARIED S. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE fin ment FUNDER 1 YEAR IF UNDER NUMBER 10. MININGS 10. MONTHS 10.	DECEASED					4. DATE OF DEATH	4.	110		ear Q
DISCAL OCCUPATION Give kind of wask done of Unity and County) LOUSHAL OCCUPATION Give kind of wask done of Unity and County and Cou	SEX	6. COLOR OR RACE	7. MARRIED NEVER MAI				9. AGE (In years	7 4		
Do USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 14. MOTHER'S MAIDEN NAME 15. MOTHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT NOT KNOWN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AURDED AT IT. POST CONTRIBUTING (C) CAUSE OF DEATH (IF EITHER NOTHER MOTHER) 200. ACCIDENT WAS UNDERLYING (C) POST CONTRIBUTING (C) CAUSE OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER) 201. I certify that I attended the deceased from the couse on date of work (c) of w	2.0				7/10/71		lost birthdoy)		Haurs	Min.
FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME Not known 15. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NOT known 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE T	a. USUAL OCCUPATION	ION (Give kind of work do			TRY 11. BIRTHPLACE	(State or foreign o	auntry)	12 CITIZEN	OF WHAT	COUNTE
FATHER'S NAME Charles Drain WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NOO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if only, which gove rise to immediate couse (o), stoling the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO COURSED TO SIGNIFICANT ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO COURSED TO SIGNIFICANT CONDITIONS CONTRIBUTION TO COURSED TO SIGNIFICANT CONTRIBUTION TO COURSED TO SIGNIFICANT CONDITIONS CONTRIBUTION TO COURSED TO SIGNIFICANT CONDITIONS CONTRIBUTION TO COURSED TO SIGNIFICANT CONTRIBUTION TO COURSED TO SIGNIFICANT CONDITIONS CONTRIBUTION TO COURSED TO SIGNIFICANT CONTRIBUTION TO COURSED TO SIGNIFICANT CONTR	during must ut war	rking life, even if refired)					,			COOM
Charles Drain Was Deceased ever in U. S. Armed Forces? In 6. Social security no. It. Informant Not known Address Was Deceased ever in U. S. Armed Forces? In 6. Social security no. It. Informant None Chart Interval Betto Onset and D. PART I. Death Was Caused By: Immediate Cause (o). Due to Conditions, if any, which gave rise to immediate couse (o). Interval Betto Onset and D. Part II. Other significant conditions contributing to Death But not related to the terminal disease condition given in Part I(o) If was all performed by the couse (o), stating the under Itying couse lost. Part II. Other significant conditions contributing to Death But not related to the terminal disease condition given in Part I(o) If was all performed by the course of the part I of the Is.) 20a. Accident was underlying and the disease of Death I enter individual provided by the course of injury in Part I or Part II of them Is.) 20c. Time Of Injury Manih, Day, Year 20d. Injury occurred While Down of work I go the officially, sheet, office bidg. etc.; 21. I certify that I attended the deceased from 1930, and that death occurred at M. from the causes and an the date stated address. Actual Signature Prysicians Day Trayspicians Day Trayspicians Day Trayspicians Day Trayspicians 22c. NAME OF CEMETERY OF CE		sepel.	Ac uome		14 MOTHER'S MAI			U	S.A.	
DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (p) 19. WAS ALPERON (FEITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED How on, m. 19 of work of white of work of white of work of white of work of a death occurred at										
III Sea	Charle	s Drain				Known				
IB. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) ONSET AND D PART II. DEATH WAS CAUSED BY. ONSET AND D PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS ALL ON CONTRIBUTING CAUSE OF DEATH ONSET AND D PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS ALL PERFORM YES 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH ONSET AND D PERFORM YES	es, no. or unknown)	(If yes, give war or dates of sen	vice) 16. SOCIAL SECURITY I	NO. 17. IN	NFORMANT		Add	Iress		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stoling the under- tying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PROPERTY WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 19 at 19	No		None		Chart					
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Doy, Year Haur o. m. 19 While of work 19 w	gave rise to i cause (a), stating	ony, which (b)_ immediate the <u>under-</u> DUE TO								
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Mile of work of the deceased from 19 While of work of the deceased from 1958, to 123, 1958, that I last saw the deceased from 1958, and that death occurred at 1958 of the deceased from 1958, and that death occurred at 1958 of the deceased from 1958, and that death occurred at 1958 of the deceased from 1958, and that death occurred at 1958 of the deceased from 1958, and that death occurred at 1958 of the deceased from	PART II. OTI		ITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GI	VEN IN PART 1(a)	PERFOR	MED?
21. I certify that I attended the deceased from \$130, 1958, to 7/23, 1958, that I last saw the dalive an 9/23, 1958, and that death occurred at M, from the causes and an the date stated ADDRESS (Street, city or town, state) ACTUAL SIGNATURE R. W. Stevaskis Sr. 220 Baltimore Ave. 9. BURIAL, CREMATION, 12th, DATE THEREOF 12th, NAME OF CEMETERY OR CREMATORY 12th IOCATION (Sin laws or south)		G CAUSE OF DEATH	Ob. DESCRIBE HOW INJURY	OCCURRED). (Enter nature of inju	ery in Part I ar Par	t II af item 18.)			
alive an 9/23 , 1958, and that death occurred at M, from the causes and an the date stated ACTUAL SIGNATURE R. W. Drevaskis Sr. M.D. Culmburland Maryland PHYSICIAN'S NAME (Type) Dr. Travaskis Sr. 220 Baltimore Ave.	20c. TIME OF INJUR Haur a. m. p. m.		While Nat while	20e. PLA foci	ACE OF INJURY (Home tary, street, affice bldg	g., form, 20f. (City	or tawn)	(Caunt)	у)	(Stole)
ACTUAL SIGNATURE R. W. Drevaskis Sr. Location (Sin love of contents) ADDRESS (Street, city or town, stote) DATE ADDRESS (Street, city or town, stote) DATE ADDRESS (Street, city or town, stote) DATE PHYSICIAN'S NAME (Type) Dr. Travaskis Sr. 220 Baltimore Ave. Dr. Burial, CREMATION, 12th, DATE THEREOF DATE ADDRESS (Street, city or town, stote) DATE ADDRESS (Street, city or town, stote) DATE ADDRESS (Street, city or town, stote) DATE PHYSICIAN'S NAME (Type) Dr. Travaskis Sr. 220 Baltimore Ave.		hat I attended the a	1- 67							
PHYSICIAN'S NAME (Type) Dr. Travaskis Sr. 220 Baltimore Ave. Dr. Burial, Cremation, 12b, Date Thereof 12c, NAME OF CEMETERY OF CREMATORY 22d LOCATION (City hours as each)	ACTUAL P	2 15. 12	, very de i	Aze		ADDRESS (S	treet, city or tawn,	state)		d abay
NAME (Type) Dr. Trevaskis Sr. 220 Baltimore Ave.	PHYSICIAN'S	. 20 . 274	o wins	N	A.D. LUST	neve	and,	Mary	lained	121
B. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (Circ. Inc.)	NAME (Type)	Dr. Treves	kis Sr.		220	Baltimor	e Ave			
Burial 9/26/58 GreenHill Cemetery Buena Vista, Virginia	BURIAL, CREMATIO REMOVAL (Specify)		Table Of CE		CREMATORY	22d. LOCA	TION (City, town,		(State)	
FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE SEP 2 6 50										-



VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09730

0 4 2 0					Reg. Di	st. No.	
1. PLACE OF DEATH		2. USUAL RESIDENCE (V	Vhere deceosed	lived. If institu	tion: Reside	nce before o	dmission)
o. COUNTY Allegany	MARYLAND	o. STATE We	Va.	b. COUNT	Y Mir	neral	
b. CITY OR TOWN (If aulside carporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor	ate limits, write	RURAL ond	give neores	t town)
Rural Cumberland	traveling	Rural	Elk	Garde	n	85	-V 3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos		d. STREET ADDRESS		9000		e.	S RESIDENCE
Route 5,		Near Har	tmans	ville			NA FARM?
3. NAME OF DECEASED (Type or print) Hiram Eyra	Middle Va	n Meter	4. DATE OF DEATH	Sept.	13	Doy	Yeor 158
	ED NEVER MARRIED 8.			AGE (In years	IF UNDER	TYFAR IF II	NDER 24 HRS.
Male White WIDOWE		Sept.3,191	L3	lost birthdoy) 45 yrs.		Doys Hou	
Joa. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign cau	ntry)	12. CITI	ZEN OF WH	AT COUNTRY
Miner	Coal mines	W.	Va.		- 0	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME				
William Van Meter		Minr	nie Ro	hrbaug	h		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT		Address			
(11/21/21/21/21/21/21/21/21/21/21/21/21/2	36 12 9043 S	harpless F	unera	1 Home	. Bla	ine.	W. Va
18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]					INTERVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY:	Crushed Sku	17				ONSET AND	lden
823 X DUE TO	Grusned Sku.	da ala				Suc	rden
Conditions if an array							
gove rise to immediate cause							
(a), stating the underlying DUE TO							
	INTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMS	NIAL DISEASE C	ONDITION CIN	CAL PAL DART	1/-1/10 14//	A ALIZOREY
PART II, OTHER SIGNIFICANT CONDITIONS CO	ANNOUNCE TO SEATH BUT INC	OF RECALLS TO THE TERMS	NAL DISEASE C	ONDITION GIV	EN IN PAKI	YES X	REORMED?
200. EXTERNAL CAUSE WAS PRIMARY 10 or CONTRIBUTING 20b. DESCRIBE	E HOW INJURY OCCURRED. (Ent	ter noture of injury in Port	I or Port II of	item 18.)			
	erturned in	an Automob	ile				
3 20c. TIME OF INJURY Manth, Doy, Year 20d. I	INJURY OCCURRED 20e. PLACE	E OF INJURY (Home, form	20f. (City of	town)	(Cou	nty)	(State)
5:00 p. m. 9/13 158 While of wo		y, street, office bldg., etc. POOT	Rt.	220	All	eg.	Md.
21. I certify that I took charge af the r			XI. Insi	ection X	Inquiry	30_	and in my
opinion death resulted from: Natural of	35			_	rmined m	-	7
) , , , , , , ,	, solicide [_, Olidele	mined it	Tomer L	
ACTUAL SIGNATURE Devedect St.	starelie	M.D. CHIEF MEDICAL EX				DAT	E SIGNED
EXAMINER'S		ASSISTANT MEDICA	L EXAMINER [40
NAME (Type) Benedict Skita	relic, M.D.	DEPUTY MEDICAL E	XAMINER 📉	Sept	t. 13	, 195	0
220. BURNAL, CREMATION, 22b, DATE THEREOF	22c. NAME OF CEMETERY OR C	REMATORY	22d. LOCATIO	N (City, town,	or county)	(5	tale)
Byrial / 19/16/1958	Maysville Ce	emetery	May	sville	, We	Va.	
23. JUNERAL DIRECTORS SIGNATURE	ADDRESS		BY REGISTRA		STRAR'S SIG		
Hyron Regul Cumpe:	rland, Md.	DATE	1 6 '58	art	hun 8 +	Tenes	

Change - Interpolation of the . The state of the control of the particle of the control of the c THE RESERVE THE PARTY OF THE PA SLIVE AND THE CHICAGO ALLEY AND MAKE A STATE OF THE PARTY OF THE PAR

TO HOSPITAL OR TO FUNERAL

VS A1S (4) 15M 10/57

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9715 CERTIFICATE OF DEATH

09731

1. PLACE OF DEATH o. COUNTY Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 121 West First Street	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	egany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 32 years d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	-
Cumberland d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	02 Cumberland	ive nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION		
OR INSTITUTION		
	d. STREET ADDRESS 121 West First Street	e. IS RESIDENCE ON A FARM? YES NO IN
3. NAME OF First Middle		
(Type or print) Bessie Lee Waken	OF	2 19 58
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 41 11	YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	12-7-1894 63 yrs. Months	Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
Cook School Cafete	eria Edinburg. Va. US	SA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Benjamin G. Mc Inturff	Elizabeth Bowman	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address	
(Yes. no. or unknown) (If yes. give wor or dates of service) 220-10-7490	Mr. Charles H. Wakeman, Cumbe	erland, Md.
PART I. DEATH WAS CAUSED BY: 17 4 X Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse lost. PART I. DEATH WAS CAUSED BY: DUE TO DUE TO Conditions, if ony, which gove rise to immediate couse (b), stoting the under-lying couse lost. (c)	Merus	ONSET AND PEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter noture of injury in Port I or Part II of item 18.)	
	ACE OF INJURY (Home, form, 20f. (City or town) (City, street, office bldg., etc.)	ounty) (State)
21. I certify that I attended the deceased from Ally 3 alive on Perfect 1950, and that death SIGNATURE RIWING SIGNATURE RIWIN	occurred at 8:15 M, fram the causes and on th ADDRESS (Street, city or town, stote)	ast saw the decease te date stated above DATE SIGNE 9-3-1958
PHYSICIAN'S Dr. R. W. Trevaskis	Cumberland, Md.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O		(State)
Burial 9-5-58 Mc Inturi	Cemetery Fort Powels Val.	TON OUR

HTAEGSO STADENTED AT A STATE the last way and bear in a section with A Sept 2012 State of the Sept 2012 State of t diagon to start to the ment of county

may be reto

VS A1S (4) 1SM 9/SS

Reg. Dist. No.

1, PLACE OF DEATH o. COUNTY	Allega	ny	MARYLAND	o. STATE	ENCE (Where dec	ased lived. If ins b. COU	NITY	before odmission	n)
RURAL ond give ne	foutside corporate limit arest town) 1berland	ts, write c. U	1/14/57		rostbu	orporote limits, wr	ite RURAL and gi	ve nearest town)	
OR INSTITUTION	AL (If not in hospitol, g	_		d. STREET AI		en Stre	et	e, IS RESID ON A F YES	ARM?
3. NAME OF DECEASED (Type or print)	Mel	vin	Middle M •	War	4. DA		Month tember		58
s. sex	6. COLOR OR RACE White	7. MARRIED WIDOWED	DIVORCED	7/1/18	1	9. AGE (In your lost birthd		YEAR IF UNDER	24 HRS. Min.
Retired -	ing life, even if retired)		OF BUSINESS OR IND	Welle	rsburg	Pennsy		U. S.	
13. FATHER'S NAME	Pinkney P	Mond		14. MOTHER'S		allager			
15. WAS DECEASED EVER		CES? 16. SOCI		INFORMANT P	O.Box	599	Address Cum		, Md
Conditions, if or gove rise to in couse (o), stoting lying couse lost.	the under-	arte	est ful Lio Soli Lio	ARRIVATION NOT RELATED TO	Colors Co	Al, De	LÉ LE	1(o) 19. WAS AL PERFORM	MED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURR	ED. (Enter noture of	injury in Port I o	Port 11 of item 18	.)		
ZOc. TIME OF INJURY Hour o. m. p. m.	Y Manth, Doy, Yea	While		LACE OF INJURY IF octory, street, office		(City or town)	(Co	ounty)	(Stole)
21. I certify the alive on 9/3 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the 15/58 Muller Dr. Lee	leys	and that deal	M.D. 49	10:30 PM	St.	es and on the	e date stated	
220. BURIAL, CREMATIO REMOVAL (Specify)	9-18-58		NAME OF CEMETERY	or crematory		CATION (City, 10) Frostb		(State)	
23. FUNERAL DIRECTOR'S			burg, Md.		24a. REC'D BY RE	GISTRAR 246. I	arthun &		

meriand butten pomis the balls Jeset Company to the property and property a AND LEVEL AND LEVEL OF THE CANADA , El Marine Case. The state of the same of the s resident - facilities well engine, round, value, a. gospilan wygadali CON TON DISTRIBUTE OF NOVEMBER OF STREET OF STREET , mbrones to an international technolist The second of th . VE 955 25 C .in the finite and in the state of the state

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 119733 Reg. Dist. No.

b. COUNTY ALLEGANY e. IS RESIDENCE ON A FARM? YES NO YA Month Day Year SEPTEMBER 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO

(County) (State)

2-7 , 1958, that I last saw the deceased and that death accurred at 10:55_1M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

(Stote)

24b. REGISTRAR'S SIGNATURE

Charles L. George

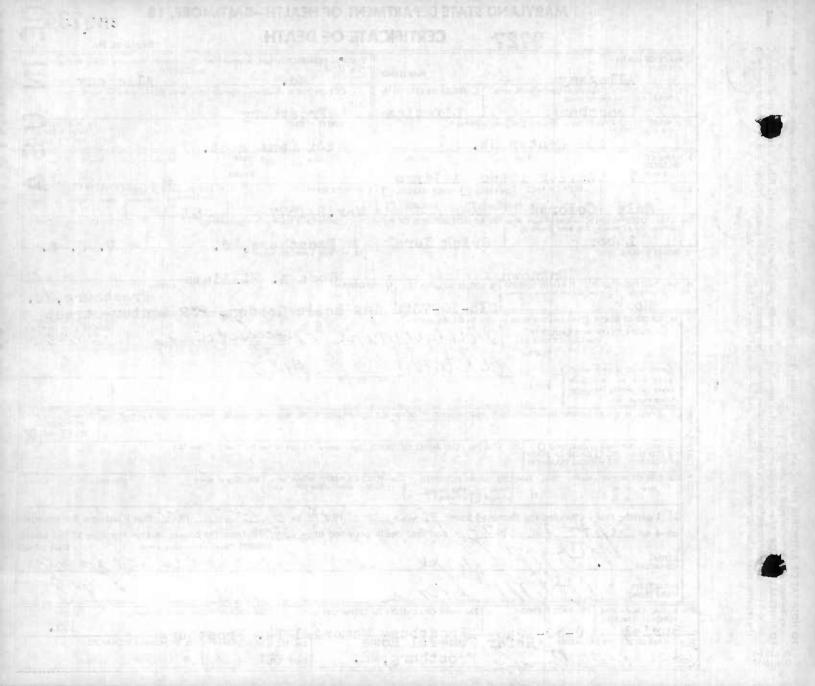
Cumberland. Md.

DATE SEP 1 5 '58

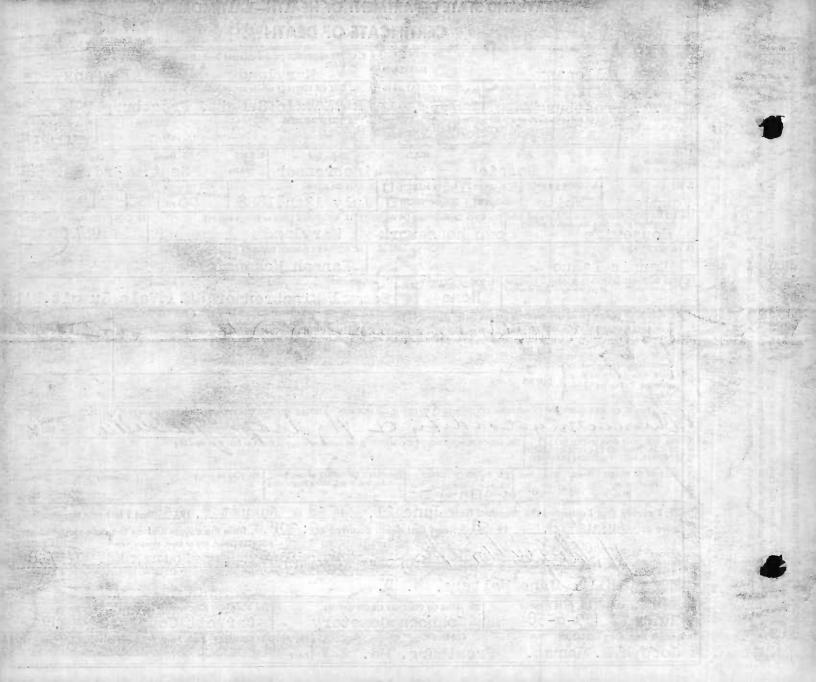
Coming S. House

VS A15 (4) 15M 9/55

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		MARYLAI	ND STATE	DEPARTM	ENT OF HEALTH	I-BALTIM	ORE, 18		
		975			ATE OF DEATH	1	R	1) 97 eg. Dist. No.	35
) 1.	PLACE OF DEATH o. COUNTY Alle	gany		MARYLAND	2. USUAL RESIDENCE (WHO. STATE Mary	, b	If institution: COUNTY	Residence before d	
	 CITY OR TOWN (If outside RURAL and give nearest town 	corporate limits, w	rite c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (IF			L and give neares	
-	Rt. 1. Frost			TS.	Rt.1, Vale	Summit,	Frost		
	OR INSTITUTION	in naspiral, give s	ireer address)		d. STREET ADDRESS				S RESIDENCE ON A FARM? ES NO
3.	NAME OF DECEASED (Type or print)	First Des:	sie	Middle	inebrenner	4. DATE OF DEATH	Month Sept.	Day 3rd,	Yeor 19 58
S.	SEX 6. COL	OR OR RACE 7.	MARRIED NE	ER MARRIED	8. DATE OF BIRTH	9. AGE		UNDER I YEAR IF	7
			DOWED [DIVORCED [July 13th,	L888	70 yrs.	onths Days H	lours Min.
100	during most of working life, Housewife	even if refired)		usiness or indu	Marylan			12. CITIZEN OF V	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME			
	Dennis LaR	ue			Hannah M	cKenzie			
	WAS DECEASED EVER IN U. S			Ugity 09. 17. 1	NFORMANT		Address		
			None	Sa	amuel Wineb	renner, F	Rt.1,V	ale Sum	mit,F'l
	PART I. DEATH (Ent		per line far (a), (l	o), and (c).]	5tom	ach		INTERV	AL BETWEEN AND DEATH
-	Conditions, if ony, whice gove rise to immediate couse (a), stoting the underlying cause last.	DUE TO							
É	PART II. OTHER SIGN	IFICANT CONDITIO	ONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONE	TION GIVEN	IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL)	SE OF DEATH	DESCRIBE HOW	INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Part It of it	tem 18.)	YE	IS NO NO
MEDICAL	20c. TIME OF INJURY Montl Hour a. m. p. m.	. W	0d. INJURY OCC Vhile Not w t work at wor	hile ta	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	20f. (City or town)	n)	(County)	(Stole)
	21. I certify that I at alive an Augus				accurred ap: 30P		causes and	an the date	
	PHYSICIAN'S H110	Jane V	Walters	. M. D.	M.D. 48 Broadw	ay, Fro	stburg	g, Md.	9/4/58
	Burial 9	-6-58	Jol	of CEMETERY O		22d. LOCATION (C		* .	(State) Md.
23.	Joseph R. D		Frost	burg, Mo		BY REGISTRAR		NR'S SIGNATURE	



		97	29 CERTI	FICATE	OF DEATH			Reg. Dist. No	130
	1. PLACE OF DEATH o. COUNTY	Allegany	MARY	LAND 2. L	USUAL RESIDENCE (When STATE Mary		. If institution b. COUNTY	Residence before Alleg	
	b. CITY OR TOWN (If of RURAL and give near	outside corporate limits, est town) DUI g	write c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au	side corporate li	mits, write RUF		
61	d. NAME OF HOSPITAL OR INSTITUTION MINET	(If not in hospitol, gives Hospit		1	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	GAIL			tost IEBRENNER	4. DATE OF DEATH	Month Sept.	4,	Yeor 19 5 8
100	female	white	7. MARRIED NEVER MARRIE WIDOWED DIVORCE	D S	Sept. 1, 1	958 103	t birthday) yrs.	Months Days	IF UNDER 24 HRS. Haurs Min.
1	infa	g life, even if retired)	one 10b. KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Stote of Maryla			(A .
I)	13. FATHER'S NAME			14.	. MOTHER'S MAIDEN NA	ME			
		d Winebre			Virg	inia Ma	artin		
100	15. WAS DECEASED EVER I	N U. S. ARMED FORCE yes, give wor or dates of serv	ES? 16. SOCIAL SECURITY NO			141	Addres		
			none	Fre	d Winebre	nner, l	It. Sa	vage,	Md.
			se per line far (o), (b), and (c).	1,	State	a Theyro	upmi	INT	ERVAL BETWEEN
	PART I. DEATH	MAS CAUSED BY: MMEDIATE CAUSE (a)_	Gularit (1	22/2200		your de	Trees	J J	8 lus.
	273 X	DUE TO	Constricting	Russ - E	2 - 1	6 1			
(Canditians, if any			1					
C	gave rise to imm cause (o), stating the lying cause last.					SGI A			
2	PART II. OTHER 200. ACCIDENT WAS I OR CONTRIBUTING I (If EITHER NOTIFY MI	SIGNIFICANT CONDI	NONE CONTRIBUTING TO DEA	ATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE CON	DITION GIVEN	IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES X NO
	20g. ACCIDENT WAS I	UNDERLYING 1 2	06. DESCRIBE HOW INJURY O	CCHIPPED IE-					
		CAUSE OF DEATH		CCORRED	ter noture af injury in Pa	rt I or Part II af	item 18.)		
	U (IF EITHER, NOTIFY MI) 20c. TIME OF INJURY Hour a. m. p. m.			20e. PLACE C	OF INJURY (Home, farm, street, office bldg., etc.)			(County)	(Stote)
	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day Year	20d. INJURY OCCURRED While Not while of work of work deceased from.	20e. PLACE C foctory,	DF INJURY (Home, form, street, office bldg., etc.)	20f. (City or to	vn)	that I last so	aw the decease
	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day Year	20d. INJURY OCCURRED While Not while of work of work deceased from.	20e. PLACE C foctory,	DF INJURY (Home, farm, street, office bidg, etc.) , 19, to	20f. (City or to	vn) , 19, causes and	that I last so	aw the decease
	20c. TIME OF INJURY Hour o. m. p. m. 21. I certify that	Manth, Day Year	20d. INJURY OCCURRED While Not while of work of work deceased from.	20e. PLACE C foctory,	DF INJURY (Home, farm, street, office bidg, etc.) , 19, to	20f. (City or too	vn) , 19, causes and	that I last so d an the da	aw the decease
	20c. TIME OF INJURY Haur a.m. p. m. 21. I certify that alive an	Manth, Day, Year 19 1 attended the confidence of the confidence o	20d. INJURY OCCURRED While Not while of work o	20e. PLACE C factory,	of injury (Home, farm, street, office bidge, etc.) 19 , to 20 curred at 5 5 6	20f. (City or to	causes and ity or town, sto	that I last so d an the da	aw the deceased
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9718 CERTIFICATE OF DEATH

119737

Reg. Dist. No.

B. CITY OF TOWN (If outside corporate limits, write RURAL and give necrest lown)	1, PLACE OF DEATH	logoner	44.494.445	2. USUAL RESIDENCE (\		d. If instituti		fore admiss	ion)
Cumberland d. NAME OF HOSPITAL (In not in hospital, give street oddress) d. STREET ADDRESS GELS Sedgwick Street Con A FARM Sept. Soly 1958 S. SER ABANA OF HOSPITAL (In not in hospital, give street oddress) Jacob Winfield Sept. Soly 1958 S. SER B. COLOR OR RACE Market Middle Minite				1			Allega	- M	
d. NAME OF HOSPITION. (If not in hospitol. give street address) G15 Sedgwick Street G15 Sed	RURAL and give ne	orest town)	C. LENGTH OF STAY IN 16			imits, write R	URAL ond give r	nearest town	1)
OR INSTITUTION 615 Sedgwick Street 615 Sedgwick Street 70 No Farm 71 No No Farm 72 No No Farm 73 No No Farm 74 No No Farm 75 No Farm 76 No Farm 76 No Farm 77 No Farm 77 No Farm 77 No Farm 78 No Fa				-	erland				
3. MANE OF DECASED (Type or print) Henry Jacob Winfield 6. DATE DEATH Sept. 30 1958 30 19	OR INSTITUTION		Part of the same of the same		a 1	. 01.		ON A	FARM?
DECEASED (Type or print) Sept		gwick Street		012	Seagarci	St.	reet	YES	K ON
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGG [in year) In JUNCER 24 HAS Institution Not with one of the county Not with of work and of working life, even if retired never in training and of working life, even if retired never in training life, even in training life, even if retired never in training life, even in training life, even in training life, even in training life, even in training life and training life life never in training life, even in training	DECEASED		The second second		OF				
Male White WIDOWED DIVORCED Aug. 31, 1886 White WIDOWED DIVORCED Aug. 31, 1886 Man. Months: Days Hours Min.	S. SEX				9. A	GE (In years			
100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Slobe or foreign country) 12. CITIZEN OF WHAT COUNTRY BUTTON of work done of working like even if relieved) 12. FATHER'S NAME	Male	and the second s		Aug 31.18	86 7	t birthday) yrs.	Months Days	Hours	Min.
Retired Laborer Tin Mill Cumberland, Md. USA 13. FAITHERS NAME John J. Winfield 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (19. No. of winking) (19. No	10a. USUAL OCCUPATIO	N (Give kind of work done 10	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign country)	12. CITIZEN	OF WHAT	COUNTRY
JOHN J. Winfield Catherine Liobel 15. WAS DECEASED EVER IN U. S. ABMED FORCES? (If SOCIAL SECURITY NO. 17. INFORMANT Address 218-30-0384Mrs. Leo Palmer, Cumberland, Md. 220-03-03-03-03-03-03-03-03-03-03-03-03-03	Retired		in Mill			l.	US	SA	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 218-30-0384Mrs. Leo Palmer, Cumberland, Md. 218-30-0384Mrs. Leo Palmer, Cumberland, Md.		T W: 0: 3	,						
18. CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which give rise to immediate couse [ost to couse [o					rine Li				
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE (b) Abdominal aneurysm DUE TO Conditions, if ony, which gave rise to immediate couse (o), storing the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO A CCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO A CCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO A CCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO A CCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO EXCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO EXCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO EXCIDENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO EXCIDENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO EXCIDENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO EXCIDENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO EXCIDENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO EXCIDENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO EXCIDENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO EXCIDENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO EXCIDENT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFOR	(Yes, no. or unknown)	If yes, give war or dates of service)							
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DUE TO Conditions, if ony, which gave rise to immediate couse (a), stoling the under lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ON TEST NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH II. OTHER NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Yeor Hour o. m. p. m. 19 While of work is ignarure. 21. I certify that I attended the deceased fram. 7 - 21, 19.58, to 9-30, 19. Short I last saw the deceased alive an 9-30, and that death occurred at 0 p.M., from the causes and an the date stated above ADDRESS (Street, city or fown, stole) PHYSICIAN'S NAME (Type) Ralph W. Ballin Cumberland, Md. 220. BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) BILLIAI CONTROLLING CITY SIGNATURE ADDRESS (STREET, City or fown, or county) (Stole) Cumberland, Md. 240. REGISTRAR'S SIGNATURE ADDRESS (STRAR'S SIGNATURE)							IN	TERVAL BE	TWEEN
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20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of wor							- 73		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of wor	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CON	NDITION GIV	EN IN PART 1(o)		
20c. TIME OF INJURY Month, Doy, Year 19 20d. INJURY OCCURRED While of work of	S								
20c. TIME OF INJURY Month, Doy, Year 19 20d. INJURY OCCURRED While of work of	200. ACCIDENT WA	S UNDERLYING 1 206. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Port I or Port II of	item 18.)			-
21. I certify that I attended the deceased fram. 7 = 21, 1958, to 9=30, 19 5 that I last saw the deceased alive an 9=30, 1958, and that death occurred at 9 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Page 4. Beech St. 10=2=58 M.D. 62 Greene St. 10=2=58 Cumberland, Md. 220. BURIAL CREMATION, REMOVAL (Specify) Oct. 3, 1958 SS. Peter & Paul Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		MEDICAL EXAMINER)							
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21. I certify that I attended the deceased fram. 7 = 21, 1958, to 9=30, 19 5 that I last saw the deceased alive an 9=30, 1958, and that death occurred at 9 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Page 4. Beech St. 10=2=58 M.D. 62 Greene St. 10=2=58 Cumberland, Md. 220. BURIAL CREMATION, REMOVAL (Specify) Oct. 3, 1958 SS. Peter & Paul Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	Hour o.m.		a	ctory, street, attice bldg., e	efc.)			1 5 3 4	
alive an 9-30 , 1958 , and that death occurred at 6 pm, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Ralph W. Ballin Cumberland, Md. 220. BURIAL, CREMATION. REMOVAL (Specify) Burial Oct. 3, 1958 S. Peter & Paul Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				27 10 58 4	9-30	10	8		
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NAME (Type) Raid W. Bailin Cumberland, Md.	SIGNATURE	LA - VIOLE		M.D. OL GIGG	0110 000				
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23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		Oct.3.1958	SS.Peter &	Paul	Cumber	land.	Md.		
James F. Scarpelli, Cumberland, Md. DATE OCT 6 '58 Orthur & Known		SIGNATURE	ADDRESS	24a. RE	C'D BY REGISTRAR	24b. REGIS	STRAR'S SIGNAT		
	James F.	Scarpelli,	Cumberland, M	d. DATE	OCT 6 '58	0.	Thung S. H.	aul	

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7		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9719 Reg. Dist. No.	738
		ALCE OF DEATH C. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before on STATE Maryland Maryland Maryland Maryland Maryland Maryland Maryland	
		c. CITY OR TOWN (If outside corporate limits, write RURAL and give near ond give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give near ond give nearest town) 5 years C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give near ond give nea	est tawn)
0	d	5	IS RESIDENCE ON A FARM? ES NO
	-[NAME OF First Middle Lost 4. DATE Month Day OF OF DECEASED (Type or print) Gertrude E. Wise DEATH September 20, 19	Year 5819
	5. S		UNDER 24 HRS.
	d	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Parties Clerks Related Stocks Hydrau Pa 12. CITIZEN OF WINDUSTRY 14. MOTHER MAIDEN NAME 14. MOTHER MAIDEN NAME	VHAT COUNTRY?
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT . To, of unknown yas, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 261 Keys	+ Drin
	7	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (a), stating the underlying (c), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Ye	BETWEEN ND DEATH
0	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	PERFORMED?
	MEDICAL CE	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While Not while at work at wo	(State)
		21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause . ACTUAL SIGNATURE Benedict Skitarelic , M.D. CHIEF MEDICAL EXAMINER .	and find that
2		EXAMINER'S NAME (Type) Benedict Skitarolic M.D. ASSISTANT MEDICAL EXAMINER Opt 20, 1	958
		BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) BUY 1 a 1 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REGISTRAR'S SIGNATURE 24d. REGISTRAR'S SIGNATURE	(State)
	5	John J. Holer Commberland Med DATE SEP 2 4 '58	A

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1			MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18	
OR ST			9720 MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH Reg. D	ist. No.9739
ALTH [』≦	DEPT.		Allegany Maryla	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE W. Va. b. COUNTY / 4	ence before admission) MPSHIZE
of Heo			Cumberland c. LENGTH OF STAY IN 10 Hrs.	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and	d give neorest town) / 5 x - 3
, e e	60	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Memorial Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
he Stot er deat			NAME OF First Middle DECEASED Type or print) Audrey J.	Wolfe 4. DATE OF SEPt. 23	1958
2 with t		5. S	F. W WIDOWED DIVORCED	lest hirthday	TYEAR IF UNDER 24 HES. Days Hours Min.
and 3		10o.	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INI uring most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITI WEST VINGLAND	ZEN OF WHAT COUNTRY?
pages	1		JAMES Daugherty	14. MOTHER'S MAIDEN NAME OLLLE	
t. File		15. Yes	no, or unknown) (If yes, give war or dates of tervice)	7. INFORMANT Address Wen. Hosp. Cumberla	nd Md.
sit permi			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED 87: IMMEDIATE CAUSE (o) Third and Fo	ourth Degree Kun Burns,	INTERVAL BETWEEN ONSET AND DEATH 10 Hrs.
urial-tran	V		Conditions, if ony, which gove rise to immediate couse (b) DUE TO)d	
as a b		z	(c), stoling the underlying (c). PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	IIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	Vacation Was autopsy
Cremo	0	CERTIFICATION		D. (Enter noture of injury in Port I or Port It of item 18.)	PERFORMED? YES NO TO
auld be berial,		T . I	CAUSE OF DEATH. Kerosene burr	ns	
ge 3 sh ior to	88	MEDICAL	Hour 0. m. 9/23/ 1958 of work of work 1	PLACE OF INJURY (Home, form, 20f. (City or town) (Courfactory, street, office bldg., etc.) Home Augusta	W.Va.
OR: Pa			21. I certify that I taak charge of the remains described apinion death resulted from: Natural causes . Accided		/ family
oled og			ACTUAL Benedict Skitarel	CM.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
FERAL designed	2		EXAMINER'S NAME (Type) Benedict Skitarelic, M.I	ASSISTANT MEDICAL EXAMINER Sept. 2	23, 1958
TO FUN or its		1	BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S 310	Pural
5ME 57			W. H. M. Kee augu	SEP 2 6 '58 Orillar S. H	Trava

. COMPLETES IN THE SHOP! BY CAMPAIN

AND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	A COM AND
	#9740
CENTIFICATE OF DEATH	1100000

CERTIFICA				Reg				g. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	O. STATE	Maryla:	nd b	If institution: R. COUNTY	4 7 7	ere odmission)	
RURAL ond give	I (If outside corporate limits, write neorest town) Frostburg	c. LENGTH OF STAY IN 16	000	rown (If outsi	ide corporote lim UP g	its, write RURAL	ond give nec	arest town)	
OR INSTITUTIO	PITAL (If not in hospital, give street N Miners Hospita		d. STREET	ADDRESS 09 Hil	1 St.			e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	MARIA First	Middle Zi	UMPANO LO	ost 4	DATE OF DEATH	Month.	- 2	y Year 1958	
5. sex female	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED	8. DATE OF BIR 7-16-		9. AGE logs		NDER I YEAR	IF UNDER 24 HRS. Hours Min.	
during most of w	TION (Give kind of work done 10b orking life, even if retired) WORK	. KIND OF BUSINESS OR IND OWN home		aly	foreign country)		U.S	A .	
13. FATHER'S NAME Pet	er Arnone			s maiden nam unknow					
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	Mrs.	Antho	ny Zum	pano,	Frost	burg, Md	
PART I. C 4 2 2 , I Conditions, if gove rise to couse (o), stotic lying couse los	immediate and the state of the	erterio	al I	rsef elo.	ficio	neg	ONS	FRYAL BETWEEN SET AND DEATH ST AND DEATH	
260 X	OTHER SIGNIFICANT COMPITIONS WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUT OCCURING THE HOW INJURY OCCURING	7		7.5		N PART 1(0)	PERFORMED? YES NO	
	URY Month, Doy, Year 20d.		PLACE OF INJURY foctory, street, affic	(Home, farm, ce bldg., etc.)	20f. (City or tow	n)	(County)	(State)	
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the decear 1000000000000000000000000000000000000	1-13	, 19 <u>.5</u> 2 th accurred at			causes and	an the da	aw the deceased the stated above pate signed	
220. BURIAL, CREMA REMOVAL (Speci Burial	110N, 22b. DATE THEREOF 9-4-58	22c. NAME OF CEMETERY St. Michae			Ed. LOCATION (C	ity, town, or co	unty) Md.	(State)	
23. FUNERAL DIRECTO		ADDRESS rostburg, Mo	d.	240. REC'D B	P 5 '58	24b. REGISTRAI	N'S SIGNATUR		

e funeral director, nould be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 had may be retained by the haspital or attending physician.

TO FUNERAL COR: After this certificate has been signed by the attending physician and completely filled in page 3 shaufar be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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